## Missouri Long Term Care Facilities Directory

ABBEY SENIOR HEALTH			
206 NORTH MAIN ST		<b>Telephone</b> (636) 240-5754	Alzheimer's Unit NO
O'FALLON	MO 63366-	Level of Care: ALF**	Bed Capacity 10
Mailing Address 206 NORTH MAIN S'		County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63366-2299	Region 5	Facility Number 27367
	110 00000 22//	Region 5	Tuenty Humber 27307
ABBEY SENIOR HEALTH			
206 NORTH MAIN ST		<b>Telephone</b> (636) 240-5754	Alzheimer's Unit No
O'FALLON	MO 63366-2299	Level of Care: SNF	<b>Bed Capacity</b> 55
Mailing Address 206 NORTH MAIN S	Γ	County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63366-2299	Region 5 Medicare/Medicaid	Facility Number 27367
ABERDEEN HEIGHTS		(214) 000 c000	A11
505 COUCH AVE	MO (2122 552)	<b>Telephone</b> (314) 909-6000	Alzheimer's Unit No
KIRKWOOD	MO 63122-5536	Level of Care: ALF**	Bed Capacity 36
Mailing Address 505 COUCH AVE	MO (2122 552)	County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number 27570
ABERDEEN HEIGHTS			
505 COUCH AVE		<b>Telephone</b> (314) 909-6000	Alzheimer's Unit Yes
KIRKWOOD	MO 63122-5536	Level of Care: ICF	<b>Bed Capacity</b> 16
Mailing Address 505 COUCH AVE		County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-5536	Region 7	Facility Number 27570
ABERDEEN HEIGHTS			
505 COUCH AVE		<b>Telephone</b> (314) 909-6000	Alzheimer's Unit No
KIRKWOOD	MO 63122-5536	Level of Care: SNF	Bed Capacity 38
Mailing Address 505 COUCH AVE	WIO 03122-3330	County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-5536	Region 7 Medicare/Medicaid	Facility Number 27570
			·
ABUNDANT ACRES CARE AND RE	НАВ		
13277 STATE ROUTE D		<b>Telephone</b> (816) 324-5991	Alzheimer's Unit Yes
SAVANNAH	MO 64485-9431	Level of Care: SNF	Bed Capacity 88
Mailing Address 13277 STATE ROUTI		County ANDREW	<b>DMH Licensed</b> No
SAVANNAH	MO 64485-9431	Region 4 Medicare/Medicaid	Facility Number 07147
ACKERT PARK SKILLED NURSING	G & REHABILITATION CENTER		
894 LELAND AVE		<b>Telephone</b> (314) 726-4767	Alzheimer's Unit No
UNIVERSITY CITY	MO 63130-3239	Level of Care: SNF	<b>Bed Capacity</b> 119
Mailing Address 894 LELAND AVE		County SAINT LOUIS COUNTY	DMH Licensed No
UNIVERSITY CITY	MO 63130-3239	Region 7 Medicare/Medicaid	Facility Number 02100
ADAM VIII I CO			
ADAIR VILLAGE		m 1 1 (660) 995 9196	A11
1801 N GAINES DR	MO (4725 1127	<b>Telephone</b> (660) 885-8196	Alzheimer's Unit Yes
CLINTON  Matter Address 1901 N. CAINES DR	MO 64735-1127	Level of Care: SNF	Bed Capacity 120
Mailing Address 1801 N GAINES DR	MO 64725 1127	County HENRY	DMH Licensed No
CLINTON	MO 64735-1127	Region 1 Medicare/Medicaid	Facility Number 08521

<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

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ADDINGTON PLACE OF LEE'S SUM	MMIT		
2160 SE BLUE PARKWAY		<b>Telephone</b> (816) 554-0101	Alzheimer's Unit Yes
LEE'S SUMMIT	MO 64063-1007	Level of Care: ALF**	Bed Capacity 88
Mailing Address 2160 SE BLUE PARK	WAY	County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64063-1007	Region 3	Facility Number 28136
		o a constant of the constant o	
ADDINGTON PLACE OF SHOAL CR	REEK		
9601 NORTH TULLIS DR		<b>Telephone</b> (816) 407-9667	Alzheimer's Unit Yes
KANSAS CITY	MO 64157-7890	Level of Care: ALF**	Bed Capacity 88
Mailing Address 9601 NORTH TULLIS		County CLAY	DMH Licensed No
KANSAS CITY	MO 64157-7890	Region 4	Facility Number 28129
KANDAD CITT	WIO 04137-7070	Region 7	Facility Number 28129
ADVANCE ASSISTED LIVING			
252 PAYTON PLACE		<b>Telephone</b> (573) 722-5200	Alzheimer's Unit No
ADVANCE	MO 63730-7251	Level of Care: ALF	Bed Capacity 44
Mailing Address PO BOX 790	MO 03730-7231	County STODDARD	DMH Licensed No
0	MO 62720 0700	•	
ADVANCE	MO 63730-0790	Region 2	Facility Number 28426
ADVANCED CARE OF ST JOSEPH			
3002 N 18TH ST		<b>Telephone</b> (816) 364-4200	Alzheimer's Unit No
SAINT JOSEPH	MO 64505-1872	Level of Care: SNF	Bed Capacity 180
Mailing Address 3002 N 18TH ST	110 04303 1072	County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64505-1872		
SAINI JOSEFFI	WIO 04303-1872	Region 4 Medicare/Medicaid	Facility Number 08000
AEGIS HEALTH AND REHABILITA	TION		
1441 CHARIC DR		<b>Telephone</b> (636) 394-2522	Alzheimer's Unit No
WILDWOOD	MO 63021-2001	Level of Care: SNF	<b>Bed Capacity</b> 66
Mailing Address 1441 CHARIC DR		County SAINT LOUIS COUNTY	DMH Licensed No
WILDWOOD	MO 63021-2001	Region 7 Medicare/Medicaid	Facility Number 17887
WED WOOD	10 03021 2001	Region / Wedicare/Medicard	racincy rainber 17667
AKINS HEALTH CARE, INC			
4432 WEST BELLE PL		<b>Telephone</b> (314) 652-8908	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2617	Level of Care: RCF	<b>Bed Capacity</b> 20
Mailing Address 4432 WEST BELLE P.	L	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-2617	Region 7	Facility Number 00078
ALLEGRO			
1055 BELLEVUE AVENUE		<b>Telephone</b> (314) 332-8372	Alzheimer's Unit Yes
RICHMOND HEIGHTS	MO 63117-1827	Level of Care: ALF**	Bed Capacity 88
Mailing Address 1055 BELLEVUE AV	ENUE	County SAINT LOUIS COUNTY	DMH Licensed No
RICHMOND HEIGHTS	MO 63117-1827	Region 7	Facility Number 31437
AL DINE DDEEGO WELL ON A STREET	EL L NIEGG		
ALPINE BREEZE HEALTH AND WI	LLINESS	m 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	A11.
6124 RAYTOWN RD	NO 64122 4005	<b>Telephone</b> (816) 358-8222	Alzheimer's Unit Yes
RAYTOWN	MO 64133-4007	Level of Care: SNF	Bed Capacity 154
Mailing Address 6124 RAYTOWN RD		County JACKSON	DMH Licensed No
RAYTOWN	MO 64133-4007	Region 3 Medicare/Medicaid	Facility Number 00768

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AMBERWOOD ESTATES NURSING	S AND REHABILITATION		
5303 BERMUDA DR		<b>Telephone</b> (314) 385-0910	Alzheimer's Unit No
NORMANDY	MO 63121-1407	Level of Care: SNF	<b>Bed Capacity</b> 115
Mailing Address 5303 BERMUDA DR		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
NORMANDY	MO 63121-1407	Region 7 Medicare/Medicaid	Facility Number 01238
AMERICAN HOUSE BURLINGTON	CREEK		
6311 NORTH COSBY AVENUE		<b>Telephone</b> (816) 527-8504	Alzheimer's Unit Yes
KANSAS CITY	MO 64151-2344	Level of Care: ALF**	Bed Capacity 110
Mailing Address 448 NORTH LASALI		County PLATTE	DMH Licensed No
CHICAGO	MO 60654-4518	Region 4	Facility Number 30198
AMERICAN HOUSE TOWN & COU	NTDV		
1020 WOODS MILL ROAD	NIKI	<b>Telephone</b> (636) 527-4444	Alzheimer's Unit Yes
TOWN AND COUNTRY	MO 63017-0603	Level of Care: ALF**	Bed Capacity 95
			1 0
Mailing Address 1020 WOODS MILL		County SAINT LOUIS COUNTY	
TOWN AND COUNTRY	MO 63017-0603	Region 7	Facility Number 30612
AMERICAN HOUSE WILDWOOD V	TILLAGE		
251 PLAZA DRIVE		<b>Telephone</b> (636) 273-3900	Alzheimer's Unit Yes
WILDWOOD	MO 63040-1203	Level of Care: ALF**	<b>Bed Capacity</b> 94
Mailing Address 251 PLAZA DRIVE		County SAINT LOUIS COUNTY	DMH Licensed No
WILDWOOD	MO 63040-1203	Region 7	Facility Number 31049
Will Wood	120 00010 1200	Region /	Tuemey Number 5104)
ANEW SENIOR LIVING COLE CAM	<b>Л</b> Р		
517 NORTH OAK		<b>Telephone</b> (660) 668-3140	Alzheimer's Unit No
COLE CAMP	MO 65325-1264	Level of Care: RCF	<b>Bed Capacity</b> 30
Mailing Address PO BOX 252		County BENTON	<b>DMH Licensed</b> No
COLE CAMP	MO 65325-0252	Region 6	Facility Number 26313
ANNA DODSON HOME			
4616 HIGHWAY D		<b>Telephone</b> (573) 756-5530	Alzheimer's Unit No
FARMINGTON	MO 63640-7241	Level of Care: RCF	Bed Capacity 17
Mailing Address 4616 HWY D		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-7241	Region 2	Facility Number 02160
ANNA DODSON HOME			
4616 HIGHWAY D		Tolophone (572) 754 5520	Alzhoimon's Tinit
	MO 62640 7241	<b>Telephone</b> (573) 756-5530	Alzheimer's Unit No
FARMINGTON	MO 63640-7241	Level of Care: RCF*	Bed Capacity 20
Mailing Address 4616 HWY D	MO (2001) 7241	County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-7241	Region 2	Facility Number 02160
ANNIE'S HOUSE INC			
25228 BUZZARD DRIVE		<b>Telephone</b> (573) 238-1300	Alzheimer's Unit No
MARBLE HILL	MO 63764-9408	Level of Care: RCF	<b>Bed Capacity</b> 40
Mailing Address 25228 BUZZARD DR	RIVE	<b>County</b> BOLLINGER	<b>DMH Licensed</b> Yes
MARBLE HILL	MO 63764-9408	Region 2	Facility Number 30984

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APPLE RIDGE CARE CENTER				
100 WEST THOMAS AVE		<b>Telephone</b> (660) 493-2232	Alzheimer's Unit	Yes
WAVERLY	MO 64096-9143	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 188		County LAFAYETTE	DMH Licensed	No
WAVERLY	MO 64096-0188	Region 3 Medicare/Medicaid	Facility Number	08823
APPLETON CITY MANOR				
600 NORTH OHIO ST		<b>Telephone</b> (660) 476-2128	Alzheimer's Unit	No
APPLETON CITY	MO 64724-1609	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 98		County SAINT CLAIR	DMH Licensed	No
APPLETON CITY	MO 64724-0098	Region 1 Medicare/Medicaid	Facility Number	01637
ARBOR HILLS NURSING AND REI	HABILITATION CENTER			
800 CHAMBERS RD		<b>Telephone</b> (314) 524-1111	Alzheimer's Unit	No
FERGUSON	MO 63135-2133	Level of Care: SNF	Bed Capacity	150
Mailing Address 800 CHAMBERS RI	)	County SAINT LOUIS COUNTY	DMH Licensed	No
FERGUSON	MO 63135-2133	Region 7 Medicare/Medicaid	Facility Number	01435
ARBOR VIEW NURSING AND REH	IABILITATION			
6400 THE CEDARS COURT		<b>Telephone</b> (636) 274-1777	Alzheimer's Unit	NO
CEDAR HILL	MO 63016-2220	Level of Care: SNF	Bed Capacity	150
Mailing Address 6400 THE CEDARS	CT	County JEFFERSON	DMH Licensed	No
CEDAR HILL	MO 63016-2220	Region 2 Medicare/Medicaid	Facility Number	12647
ARBORS AT DUNSFORD COURT-	MEMORY CARE ASSISTED LIVING	BY AMERICARE		
ARBORS AT DUNSFORD COURT- 775 DUNSFORD ROAD		<b>Telephone</b> (573) 468-2600	Alzheimer's Unit	Yes
775 DUNSFORD ROAD SULLIVAN	MO 63080-1270	Telephone (573) 468-2600 Level of Care: ALF**	<b>Bed Capacity</b>	50
775 DUNSFORD ROAD SULLIVAN <b>Mailing Address</b> 775 DUNSFORD RD	MO 63080-1270	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN	Bed Capacity  DMH Licensed	50 No
775 DUNSFORD ROAD SULLIVAN	MO 63080-1270	Telephone (573) 468-2600 Level of Care: ALF**	<b>Bed Capacity</b>	50
775 DUNSFORD ROAD SULLIVAN <b>Mailing Address</b> 775 DUNSFORD RD SULLIVAN	MO 63080-1270 MO 63080-1270	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6	Bed Capacity  DMH Licensed	50 No
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN ARBORS AT GLENDALE GARDEN	MO 63080-1270	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6	Bed Capacity DMH Licensed Facility Number	50 No 16094
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN	MO 63080-1270 MO 63080-1270 SS - MEMORY CARE BY AMERICARI	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	50 No 16094 Yes
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON	MO 63080-1270 MO 63080-1270	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	50 No 16094 Yes 42
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN	MO 63080-1270  MO 63080-1270  S - MEMORY CARE BY AMERICARI  MO 64735-2728	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	50 No 16094 Yes 42 No
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON	MO 63080-1270 MO 63080-1270 SS - MEMORY CARE BY AMERICARI	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	50 No 16094 Yes 42
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON	MO 63080-1270  MO 63080-1270  S - MEMORY CARE BY AMERICARI  MO 64735-2728  MO 64735-2728	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	50 No 16094 Yes 42 No
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN	MO 63080-1270  MO 63080-1270  S - MEMORY CARE BY AMERICARI  MO 64735-2728	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  G BY AMERICARE THE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 16094 Yes 42 No 17054
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RD SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN 539 EAST YOUNG AVENUE	MO 63080-1270  MO 63080-1270  MO 63080-1270  MO 64735-2728  MO 64735-2728  S-MEMORY CARE ASSISTED LIVING	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  G BY AMERICARE THE Telephone (660) 429-0034	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 16094 Yes 42 No 17054
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RD SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN 539 EAST YOUNG AVENUE WARRENSBURG	MO 63080-1270  MO 63080-1270  MO 63080-1270  MO 64735-2728  MO 64735-2728  S-MEMORY CARE ASSISTED LIVING  MO 64093-1228	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  G BY AMERICARE THE Telephone (660) 429-0034 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	50 No 16094 Yes 42 No 17054
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN 539 EAST YOUNG AVENUE WARRENSBURG Mailing Address 539 EAST YOUNG A	MO 63080-1270  MO 63080-1270  MO 63080-1270  MO 64735-2728  MO 64735-2728  S-MEMORY CARE ASSISTED LIVING  MO 64093-1228  AVENUE	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  G BY AMERICARE THE Telephone (660) 429-0034 Level of Care: ALF** County JOHNSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	50 No 16094 Yes 42 No 17054 Yes 24 No
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RD SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN 539 EAST YOUNG AVENUE WARRENSBURG	MO 63080-1270  MO 63080-1270  MO 63080-1270  MO 64735-2728  MO 64735-2728  S-MEMORY CARE ASSISTED LIVING  MO 64093-1228	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  G BY AMERICARE THE Telephone (660) 429-0034 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	50 No 16094 Yes 42 No 17054
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN 539 EAST YOUNG AVENUE WARRENSBURG Mailing Address 539 EAST YOUNG AWARRENSBURG	MO 63080-1270  MO 63080-1270  MO 63080-1270  MS - MEMORY CARE BY AMERICARI  MO 64735-2728  MO 64735-2728  S-MEMORY CARE ASSISTED LIVING  MO 64093-1228  AVENUE  MO 64093-1228	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  3. THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  5 BY AMERICARE THE Telephone (660) 429-0034 Level of Care: ALF** County JOHNSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	50 No 16094 Yes 42 No 17054 Yes 24 No
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN 539 EAST YOUNG AVENUE WARRENSBURG Mailing Address 539 EAST YOUNG A WARRENSBURG  ARBORS AT HIGHLAND CREST -	MO 63080-1270  MO 63080-1270  MO 63080-1270  MO 64735-2728  MO 64735-2728  S-MEMORY CARE ASSISTED LIVING  MO 64093-1228  AVENUE	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  G BY AMERICARE THE Telephone (660) 429-0034 Level of Care: ALF** County JOHNSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 16094 Yes 42 No 17054 Yes 24 No 31389
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN 539 EAST YOUNG AVENUE WARRENSBURG Mailing Address 539 EAST YOUNG A WARRENSBURG  ARBORS AT HIGHLAND CREST - 620 GILASPY ROAD	MO 63080-1270  MO 63080-1270  MO 63080-1270  MO 64081-1270  MO 64735-2728  MO 64735-2728  S-MEMORY CARE ASSISTED LIVING  MO 64093-1228  AVENUE  MO 64093-1228  ALZHEIMERS ASSISTED LIVING BY	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  G BY AMERICARE THE Telephone (660) 429-0034 Level of Care: ALF** County JOHNSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 16094 Yes 42 No 17054 Yes 24 No 31389
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RD SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN 539 EAST YOUNG AVENUE WARRENSBURG Mailing Address 539 EAST YOUNG AWARRENSBURG  ARBORS AT HIGHLAND CREST - 620 GILASPY ROAD KIRKSVILLE	MO 63080-1270  MO 63080-1270  MO 63080-1270  MS - MEMORY CARE BY AMERICARI  MO 64735-2728  MO 64735-2728  S-MEMORY CARE ASSISTED LIVING  MO 64093-1228  AVENUE  MO 64093-1228	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  G BY AMERICARE THE Telephone (660) 429-0034 Level of Care: ALF** County JOHNSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 16094 Yes 42 No 17054 Yes 24 No 31389
775 DUNSFORD ROAD SULLIVAN Mailing Address 775 DUNSFORD RE SULLIVAN  ARBORS AT GLENDALE GARDEN 1300 SOUTH MAIN CLINTON Mailing Address 1300 S MAIN CLINTON  ARBORS AT HARMONY GARDEN 539 EAST YOUNG AVENUE WARRENSBURG Mailing Address 539 EAST YOUNG A WARRENSBURG  ARBORS AT HIGHLAND CREST - 620 GILASPY ROAD	MO 63080-1270  MO 63080-1270  MO 63080-1270  MO 64081-1270  MO 64735-2728  MO 64735-2728  S-MEMORY CARE ASSISTED LIVING  MO 64093-1228  AVENUE  MO 64093-1228  ALZHEIMERS ASSISTED LIVING BY	Telephone (573) 468-2600 Level of Care: ALF** County FRANKLIN Region 6  E, THE Telephone (660) 885-2272 Level of Care: ALF** County HENRY Region 1  G BY AMERICARE THE Telephone (660) 429-0034 Level of Care: ALF** County JOHNSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	50 No 16094 Yes 42 No 17054 Yes 24 No 31389

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ADDODS AT LAKEVIEW DEND ASS	CICTED I IVING DV AMEDICADE T	UE	
ARBORS AT LAKEVIEW BEND - ASS 1700 ASBURY CIRCLE WEST	SISTED LIVING BY AMERICARE, I	Telephone (573) 581-8777	Alzheimer's Unit Yes
	MO 65265-1400	Level of Care: ALF**	Bed Capacity 39
Mailing Address 1722 HUNTINGFIELD		County AUDRAIN	DMH Licensed No
8	MO 65265-3808	Region 5	Facility Number 13544
MEAICO	WO 03203-3808	Kegion 3	Facility Number 15344
ARBORS AT MOUNT CARMEL, THE	Ξ		
723 FIRST CAPITOL DR		<b>Telephone</b> (636) 946-4140	Alzheimer's Unit No
SAINT CHARLES	MO 63301-2729	Level of Care: ALF**	<b>Bed Capacity</b> 30
Mailing Address 723 FIRST CAPITOL D	OR .	County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63301-2729	Region 5	Facility Number 29396
ADDODE AT DADIZIDE MEMODY	CARE ACCICIED I IVING DV AMEI	MCARE	
ARBORS AT PARKSIDE - MEMORY 1700 EAST 10TH ST	CARE ASSISTED LIVING BY AMER		Alzheimer's Unit Yes
	MO 65401-4600	Telephone (573) 364-2602 Level of Care: ALF**	Bed Capacity 22
Mailing Address 1700 EAST 10TH ST	WO 03401-4000	County PHELPS	DMH Licensed No
8	MO 65401-4600	Region 6	Facility Number 13589
KOLLA	WIO 03401-4000	Region 0	racinty Number 15389
ARBORS AT VICTORIAN PLACE OF	CUBA, MEMORY CARE ASSISTED	LIVING BY AMERICARE, THE	
903 HWY DD		<b>Telephone</b> (573) 885-0551	Alzheimer's Unit Yes
CUBA	MO 65453-8089	Level of Care: ALF**	Bed Capacity 32
Mailing Address 903 HWY DD		County CRAWFORD	DMH Licensed No
CUBA	MO 65453-8089	Region 6	Facility Number 27071
	WASHINGTON, MEMORY CARE A	ASSISTED LIVING BY AMERICARE,	
2701 RABBIT TRAIL DR		<b>Telephone</b> (636) 390-9500	Alzheimer's Unit Yes
2701 RABBIT TRAIL DR WASHINGTON	MO 63090-6711	<b>Telephone</b> (636) 390-9500 <b>Level of Care:</b> ALF**	Alzheimer's Unit Yes Bed Capacity 32
2701 RABBIT TRAIL DR WASHINGTON <b>Mailing Address</b> 2701 RABBIT TRAIL I	MO 63090-6711 DR	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN	Alzheimer's Unit Yes Bed Capacity 32 DMH Licensed No
2701 RABBIT TRAIL DR WASHINGTON <b>Mailing Address</b> 2701 RABBIT TRAIL I	MO 63090-6711	<b>Telephone</b> (636) 390-9500 <b>Level of Care:</b> ALF**	Alzheimer's Unit Yes Bed Capacity 32
2701 RABBIT TRAIL DR WASHINGTON <b>Mailing Address</b> 2701 RABBIT TRAIL I	MO 63090-6711 DR MO 63090-6711	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6	Alzheimer's Unit Yes Bed Capacity 32 DMH Licensed No
2701 RABBIT TRAIL DR WASHINGTON <b>Mailing Address</b> 2701 RABBIT TRAIL I WASHINGTON	MO 63090-6711 DR MO 63090-6711	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6	Alzheimer's Unit Yes Bed Capacity 32 DMH Licensed No
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL I WASHINGTON  ARBORS AT WESTBROOK TERRAC 3409 NORTH 10 MILE DR	MO 63090-6711 DR MO 63090-6711	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE	Alzheimer's Unit Bed Capacity 32 DMH Licensed No Facility Number 28065
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL I WASHINGTON  ARBORS AT WESTBROOK TERRAC 3409 NORTH 10 MILE DR	MO 63090-6711  DR  MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING  MO 65109-0530	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648	Alzheimer's Unit  Bed Capacity 32  DMH Licensed No  Facility Number 28065  Alzheimer's Unit Yes
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL I WASHINGTON  ARBORS AT WESTBROOK TERRAC 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE	MO 63090-6711  DR  MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING  MO 65109-0530	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF**	Alzheimer's Unit Bed Capacity 32 DMH Licensed No Facility Number 28065  Alzheimer's Unit Bed Capacity 26
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL I WASHINGTON  ARBORS AT WESTBROOK TERRAC 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6	Alzheimer's Unit Bed Capacity 32 DMH Licensed No Facility Number 28065  Alzheimer's Unit Bed Capacity 26 DMH Licensed No
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL II WASHINGTON  ARBORS AT WESTBROOK TERRACT 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY  ARBORS AT WESTRIDGE PLACE - N	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6  BY AMERICARE, THE	Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity  DMH Licensed No Facility Number  28065
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL I WASHINGTON  ARBORS AT WESTBROOK TERRAC 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY  ARBORS AT WESTRIDGE PLACE - N 539 NORTH WEST ST	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6  BY AMERICARE, THE Telephone (573) 471-6484	Alzheimer's Unit Bed Capacity 32 DMH Licensed No Facility Number 28065  Alzheimer's Unit Bed Capacity 26 DMH Licensed No Facility Number 27914  Alzheimer's Unit Yes
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL II WASHINGTON  ARBORS AT WESTBROOK TERRACT 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY  ARBORS AT WESTRIDGE PLACE - N 539 NORTH WEST ST SIKESTON	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530  MEMORY CARE ASSISTED LIVING MO 63801-5443	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6  BY AMERICARE, THE Telephone (573) 471-6484 Level of Care: ALF**	Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Facility Number
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL II WASHINGTON  ARBORS AT WESTBROOK TERRACT 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY  ARBORS AT WESTRIDGE PLACE - NORTH WEST ST SIKESTON Mailing Address 539 NORTH WEST ST	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530  MEMORY CARE ASSISTED LIVING MO 63801-5443	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6  BY AMERICARE, THE Telephone (573) 471-6484 Level of Care: ALF** County SCOTT	Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity  DMH Licensed No Facility Number  Alzheimer's Unit Facility Number  Alzheimer's Unit Bed Capacity  Alzheimer's Unit Bed Capacity  Alzheimer's Unit Bed Capacity  No No
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL II WASHINGTON  ARBORS AT WESTBROOK TERRACT 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY  ARBORS AT WESTRIDGE PLACE - N 539 NORTH WEST ST SIKESTON Mailing Address 539 NORTH WEST ST	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530  MEMORY CARE ASSISTED LIVING MO 63801-5443	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6  BY AMERICARE, THE Telephone (573) 471-6484 Level of Care: ALF**	Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Facility Number
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL II WASHINGTON  ARBORS AT WESTBROOK TERRACT 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY  ARBORS AT WESTRIDGE PLACE - N 539 NORTH WEST ST SIKESTON Mailing Address 539 NORTH WEST ST SIKESTON  ARIZONA CARE CENTER	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530  MEMORY CARE ASSISTED LIVING MO 63801-5443	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6  BY AMERICARE, THE Telephone (573) 471-6484 Level of Care: ALF** County SCOTT Region 2	Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Facility Number  12693
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL II WASHINGTON  ARBORS AT WESTBROOK TERRACT 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY  ARBORS AT WESTRIDGE PLACE - N 539 NORTH WEST ST SIKESTON Mailing Address 539 NORTH WEST ST SIKESTON  ARIZONA CARE CENTER 101 ARIZONA ST	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530  MEMORY CARE ASSISTED LIVING MO 63801-5443 MO 63801-5443	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6  BY AMERICARE, THE Telephone (573) 471-6484 Level of Care: ALF** County SCOTT Region 2  Telephone (573) 237-4830	Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Facility Number
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL II WASHINGTON  ARBORS AT WESTBROOK TERRACT 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY  ARBORS AT WESTRIDGE PLACE - N 539 NORTH WEST ST SIKESTON Mailing Address 539 NORTH WEST ST SIKESTON  ARIZONA CARE CENTER 101 ARIZONA ST NEW HAVEN	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530  MEMORY CARE ASSISTED LIVING MO 63801-5443	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6  BY AMERICARE, THE Telephone (573) 471-6484 Level of Care: ALF** County SCOTT Region 2  Telephone (573) 237-4830 Level of Care: ALF	Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity  Alzheimer's Unit Bed Capacity  Alzheimer's Unit Facility Number  Alzheimer's Unit Bed Capacity  Alzheimer's Unit Bed Capacity  Alzheimer's Unit Bed Capacity  15
2701 RABBIT TRAIL DR WASHINGTON Mailing Address 2701 RABBIT TRAIL II WASHINGTON  ARBORS AT WESTBROOK TERRACT 3409 NORTH 10 MILE DR JEFFERSON CITY Mailing Address 3409 NORTH 10 MILE JEFFERSON CITY  ARBORS AT WESTRIDGE PLACE - M 539 NORTH WEST ST SIKESTON Mailing Address 539 NORTH WEST ST SIKESTON  ARIZONA CARE CENTER 101 ARIZONA ST NEW HAVEN Mailing Address 101 ARIZONA ST	MO 63090-6711 DR MO 63090-6711  CE-ALZHEIMER'S ASSISTED LIVING MO 65109-0530 E DR MO 65109-0530  MEMORY CARE ASSISTED LIVING MO 63801-5443 MO 63801-5443	Telephone (636) 390-9500 Level of Care: ALF** County FRANKLIN Region 6  G BY AMERICARE Telephone (573) 556-5648 Level of Care: ALF** County COLE Region 6  BY AMERICARE, THE Telephone (573) 471-6484 Level of Care: ALF** County SCOTT Region 2  Telephone (573) 237-4830	Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity  DMH Licensed Facility Number  Alzheimer's Unit Facility Number

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ARMOUR OAKS SENIOR LIVING	COMMUNITY		
8100 WORNALL RD		<b>Telephone</b> (816) 363-5141	Alzheimer's Unit No
KANSAS CITY	MO 64114-5806	Level of Care: SNF	<b>Bed Capacity</b> 38
Mailing Address 8100 WORNALL RD	1	<b>County</b> JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64114-5806	Region 3 Medicare/Medicaid	Facility Number 00199
ARMOUR OAKS SENIOR LIVING O	COMMUNITY		
8100 WORNALL RD		<b>Telephone</b> (816) 363-5141	Alzheimer's Unit No
KANSAS CITY	MO 64114-5806	Level of Care: ALF	Bed Capacity 47
Mailing Address 8100 WORNALL RD		County JACKSON	DMH Licensed No
KANSAS CITY	MO 64114-5806	Region 3	Facility Number 00199
KANSAS CII I	WIO 04114-3800	Region 5	Facility Number 00199
ARROWHEAD SENIOR LIVING CO	DMMUNITY	m 1 1 (572) 202 744	
6100 ARROWHEAD DRIVE		<b>Telephone</b> (573) 302-7111	Alzheimer's Unit No
OSAGE BEACH	MO 65065-2754	Level of Care: SNF	<b>Bed Capacity</b> 80
Mailing Address 6100 ARROWHEAD		County CAMDEN	<b>DMH Licensed</b> No
OSAGE BEACH	MO 65065-2754	Region 6 Medicare/Medicaid	Facility Number 31536
ARROWHEAD SENIOR LIVING CO	OMMUNITY		
6100 ARROWHEAD DRIVE		<b>Telephone</b> (573) 302-7111	Alzheimer's Unit Yes
OSAGE BEACH	MO 65065-2754	Level of Care: ALF**	<b>Bed Capacity</b> 90
Mailing Address 6100 ARROWHEAD	DRIVE	County CAMDEN	<b>DMH Licensed</b> No
OSAGE BEACH	MO 65065-2754	Region 6	Facility Number 31536
ASH GROVE HEALTHCARE FACIL	LITY		
401 NORTH MEDICAL DR		<b>Telephone</b> (417) 751-2575	Alzheimer's Unit Yes
ASH GROVE	MO 65604-1004	Level of Care: SNF	<b>Bed Capacity</b> 82
Mailing Address PO BOX 247		County GREENE	<b>DMH Licensed</b> No
ASH GROVE	MO 65604-0247	Region 1 Medicare/Medicaid	Facility Number 00200
ASHBROOK - ASSISTED LIVING B	Y AMERICARE		
500 ASHBROOK DR		<b>Telephone</b> (573) 756-5544	Alzheimer's Unit No
FARMINGTON	MO 63640-9235	Level of Care: ALF**	Bed Capacity 72
Mailing Address 500 ASHBROOK DR		County SAINT FRANCOIS	<b>DMH Licensed</b> No
FARMINGTON	MO 63640-9235	Region 2	Facility Number 18138
Vendina include de cima a co	OTHE		
ASHBURY HEIGHTS OF CHILLICO	O1HE	M. I I	All I do to to tribe
603 ST LOUIS ST	MO (4601 2420	<b>Telephone</b> (660) 707-1270	Alzheimer's Unit No
CHILLICOTHE	MO 64601-2438	Level of Care: RCF	Bed Capacity 12
Mailing Address 603 ST LOUIS ST		County LIVINGSTON	DMH Licensed Yes
CHILLICOTHE	MO 64601-2438	Region 4	Facility Number 23909
ASHBURY HEIGHTS OF FAYETTE	•		
200 GROCE ST		<b>Telephone</b> (660) 248-3603	Alzheimer's Unit No
FAYETTE	MO 65248-9813	Level of Care: RCF	Bed Capacity 12
	WIO 03240-7013		
Mailing Address 200 GROCE ST	MO 65249 0912	•	
FAYETTE	MO 65248-9813	Region 5	Facility Number 23894

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ASHBURY HEIGHTS OF FULTON		T. I		
704 WEST CHESTNUT	MO (505) 1054	<b>Telephone</b> (573) 642-201		No
FULTON	MO 65251-1254	Level of Care: RCF	Bed Capacity	12 N
Mailing Address 704 WEST CHESTN		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1254	Region 6	Facility Number	23923
ASHBURY HEIGHTS OF JEFFERSO	ON CITY			
834 WEATHERED ROCK COURT	011 011 1	<b>Telephone</b> (573) 634-740	2 Alzheimer's Unit	No
JEFFERSON CITY	MO 65101-1824	Level of Care: RCF	Bed Capacity	12
Mailing Address 834 WEATHERED R		County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65101-1824	Region 6	Facility Number	23936
ASHBURY HEIGHTS OF LAURIE				
299 HIGHWAY RA		<b>Telephone</b> (573) 374-007	76 Alzheimer's Unit	No
LAURIE	MO 65038-6024	Level of Care: RCF	Bed Capacity	12
Mailing Address 299 HIGHWAY RA		County MORGAN	DMH Licensed	No
LAURIE	MO 65038-6024	Region 6	Facility Number	23915
		8	•	
ASHBURY HEIGHTS OF MONTGO	MERY CITY			
625 WEST 2ND ST		<b>Telephone</b> (573) 564-338	36 Alzheimer's Unit	No
MONTGOMERY CITY	MO 63361-1762	Level of Care: RCF	Bed Capacity	12
Mailing Address 625 WEST 2ND ST		<b>County</b> MONTGOMERY	DMH Licensed	No
MONTGOMERY CITY	MO 63361-1762	Region 6	Facility Number	20160
ASHBURY HEIGHTS OF TIPTON				
908 SOUTH PARK		<b>Telephone</b> (660) 433-649	Alzheimer's Unit	No
TIPTON	MO 65081-8408	Level of Care: RCF	Bed Capacity	12
Mailing Address 908 SOUTH PARK		County MONITEAU	DMH Licensed	No
TIPTON	MO 65081-8408	Region 6	Facility Number	16506
ASHLAND VILLA - ASSISTED LIVI	ING BY AMERICARE	T. 1 . (572) (57. 103		
301 SOUTH HENRY CLAY BLVD	MO (5010 0420	Telephone (573) 657-192		No
ASHLAND	MO 65010-9439	Level of Care: ALF**	Bed Capacity	72 N-
Mailing Address 301 SOUTH HENRY		County BOONE	DMH Licensed	No
ASHLAND	MO 65010-9439	Region 6	Facility Number	20303
ASHLEY MANOR HEALTH & REH	ABILITATION			
1630 RADIO HILL ROAD		<b>Telephone</b> (660) 882-658	34 Alzheimer's Unit	No
BOONVILLE	MO 65233-1957	Level of Care: SNF	<b>Bed Capacity</b>	52
Mailing Address 1630 RADIO HILL R	OAD	County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-1957	Region 6 Medicare/Medi	caid Facility Number	00216
ASHTON ON THE PLAZA, THE				
2 EMANUEL CLEAVER II BLVD		<b>Telephone</b> (816) 505-303	30 Alzheimer's Unit	Yes
KANSAS CITY	MO 64112-1712	Level of Care: ALF**	Bed Capacity	96
Mailing Address 2 EMANUEL CLEAV		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64112-1712	Region 3	Facility Number	31791
		<u> </u>	<del>.</del>	

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ASPEN POINT HEALTH AND REHA	ABILITATION			
2840 WEST CLAY ST		<b>Telephone</b> (636) 946-6100	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2536	Level of Care: SNF	Bed Capacity	180
Mailing Address 2840 WEST CLAY ST	Γ	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2536	Region 5 Medicare/Medicaid	Facility Number	01521
			•	
ASPEN VALLEY				
1888 EAST 9TH STREET		<b>Telephone</b> (696) 346-9634	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-3549	Level of Care: ALF**	Bed Capacity	14
Mailing Address 1888 EAST 9TH STRE		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-3549	Region 6	Facility Number	
WASHINGTON	WO 03090-3349	Region 0	Facility Number	32779
ASPEN VALLEY FOX CREST				
2694 FOX CREST DRIVE		<b>Telephone</b> (636) 346-9634	Alzheimer's Unit	YES
WASHINGTON	MO 63090-5694	Level of Care: ALF**	Bed Capacity	12
Mailing Address 2694 FOX CREST DR		County FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-5694	•	Facility Number	
WASHINGTON	MO 03090-3094	Region 6	Facility Number	33537
ASPIRE SENIOR LIVING ADVANCE	₹.			
315 SOUTH TILLEY ST	-	<b>Telephone</b> (573) 649-3551	Alzheimer's Unit	No
ADVANCE	MO 63730-7230	Level of Care: SNF	Bed Capacity	70
Mailing Address 315 S TILLEY ST	110 03/30 /230	County STODDARD	DMH Licensed	No
ADVANCE	MO 63730-7230	Region 2 Medicare/Medicaid	Facility Number	11722
ADVANCE	WIO 03730-7230	Kegion 2 Medicare/Medicaid	Pacinty Number	11/22
ASPIRE SENIOR LIVING EAST PRA	AIRIE			
186 MILLAR RD		<b>Telephone</b> (573) 649-3551	Alzheimer's Unit	No
EAST PRAIRIE	MO 63845-1180	Level of Care: SNF	Bed Capacity	70
Mailing Address PO BOX 299		County MISSISSIPPI	DMH Licensed	No
EAST PRAIRIE	MO 63845-0299	Region 2 Medicare/Medicaid	Facility Number	12083
ASPIRE SENIOR LIVING EXCELSION	OR SPRINGS			
1003 MEADOWLARK LN		<b>Telephone</b> (816) 630-3145	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024-3304	Level of Care: SNF	Bed Capacity	108
Mailing Address 1003 MEADOWLARE	K LN	County CLAY	DMH Licensed	No
EXCELSIOR SPRINGS	MO 64024-3304	Region 4 Medicare/Medicaid	Facility Number	19197
A COIDE CENTOD I IVING TONIECDI	D.C.			
ASPIRE SENIOR LIVING JONESBU	NG	Tolonhous (626) 400 5400	Alahaimar-!- II!4	Vac
308 CEDAR AVE	MO 62251 1126	Telephone (636) 488-5400	Alzheimer's Unit	Yes
JONESBURG	MO 63351-1126	Level of Care: SNF	Bed Capacity	90 N
Mailing Address PO BOX 218	MO (2251 2212	County MONTGOMERY	DMH Licensed	No
JONESBURG	MO 63351-0218	Region 6 Medicare/Medicaid	Facility Number	13265
ASPIRE SENIOR LIVING MALDEN				
1209 STOKELAN		<b>Telephone</b> (573) 276-5115	Alzheimer's Unit	Yes
MALDEN	MO 63863-1335	Level of Care: SNF	Bed Capacity	70
Mailing Address 1209 STOKELAN		County DUNKLIN	DMH Licensed	No
MALDEN	MO 62962 1225	D	Easility Number	12465

Medicare/Medicaid

**Facility Number** 

12465

MO 63863-1335

MALDEN

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ASPIRE SENIOR LIVING MOBERI	LY			
700 EAST URBANDALE DR		<b>Telephone</b> (660) 263-9060	Alzheimer's Unit	Yes
MOBERLY	MO 65270-1966	Level of Care: SNF	Bed Capacity	120
Mailing Address 700 EAST URBAND		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-1966	Region 5 Medicare/Medicaid	Facility Number	12523
ASPIRE SENIOR LIVING OAK GR	OVE			
2108 SW MITCHELL STREET	OVE	<b>Telephone</b> (816) 690-4118	Alzheimer's Unit	Yes
OAK GROVE	MO 64075-9472	Level of Care: SNF		90
	WO 04073-9472		Bed Capacity DMH Licensed	No
Mailing Address 2108 S MITCHELL	MO (4075 0472			
OAK GROVE	MO 64075-9472	Region 3 Medicare/Medicaid	Facility Number	05849
ASPIRE SENIOR LIVING PLATTE	CITY			
220 O'ROURKE DRIVE		<b>Telephone</b> (816) 858-5222	Alzheimer's Unit	No
PLATTE CITY	MO 64079-9360	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 1310		County PLATTE	DMH Licensed	No
PLATTE CITY	MO 64079-1310	Region 4 Medicare/Medicaid	Facility Number	12655
	D. 1.111			
ASPIRE SENIOR LIVING POPLAR	BLUFF			
3001 MAY ST		<b>Telephone</b> (573) 686-6999	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-1942	Level of Care: SNF	Bed Capacity	120
Mailing Address 3001 MAY ST		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-1942	Region 2 Medicare/Medicaid	Facility Number	16013
ASSISTED LIVING AT CHARLESS	VILLAGE			
5943 TELEGRAPH RD		<b>Telephone</b> (314) 846-2002	Alzheimer's Unit	No
SAINT LOUIS	MO 63129-4715	Level of Care: ALF**	Bed Capacity	18
Mailing Address 5943 TELEGRAPH I	RD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63129-4715	Region 7	Facility Number	05586
A CONCERN A INVINCE A RESIDENCE A DE	OWIL LANDS			
ASSISTED LIVING AT THE MEAD	OWLANDS	T-1	A 1-1	<b>V</b>
135 MEADOWLANDS ESTATES LN O'FALLON	MO 62266 4501	Telephone (636) 978-3600 Level of Care: ALF**	Alzheimer's Unit	Yes
	MO 63366-4591		Bed Capacity	86 N-
Mailing Address 135 MEADOWLANI	MO 63366-4591	County SAINT CHARLES	DMH Licensed	No
O'FALLON	MO 03300-4391	Region 5	Facility Number	26475
ATHENE NURSING AND REHABII	LITATION			
13995 CLAYTON RD		<b>Telephone</b> (636) 227-5070	Alzheimer's Unit	Yes
TOWN AND COUNTRY	MO 63017-8400	Level of Care: SNF	<b>Bed Capacity</b>	282
Mailing Address 13995 CLAYTON R	D	County SAINT LOUIS COUNTY	DMH Licensed	No
TOWN AND COUNTRY	MO 63017-8400	Region 7 Medicare/Medicaid	Facility Number	01508
ATRIUM PLACE HEALTH AND RI	EHABILITATION			
2600 REDMAN RD		<b>Telephone</b> (314) 355-8585	Alzheimer's Unit	No
SAINT LOUIS	MO 63136-5863	Level of Care: SNF	Bed Capacity	120
Mailing Address 2600 REDMAN RD		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63136-5863	Region 7 Medicare/Medicaid	Facility Number	18697

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AUBURN CREEK - ASSISTED LIVI	ING BY AMERICARE		
2910 BEAVER CREEK DR		<b>Telephone</b> (573) 651-0199	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63701-1732	Level of Care: ALF	<b>Bed Capacity</b> 53
Mailing Address 2910 BEAVER CRE	EK DR	County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-1732	Region 2	Facility Number 19892
AUBURN RIDGE LIVING CENTER			
1425 ASHBURY WAY	<b>S</b>	<b>Telephone</b> (573) 634-2031	Alzheimer's Unit No
WARDSVILLE	MO 65101-1007	Level of Care: RCF	
Mailing Address 1425 ASHBURY WA			Bed Capacity 24  DMH Licensed No
WARDSVILLE	MO 65101-1007		
WARDSVILLE	MO 03101-1007	Region 6	Facility Number 31832
AURORA HEALTH AND REHABIL	JITATION		
1200 MCCUTCHEN RD		<b>Telephone</b> (573) 364-2311	Alzheimer's Unit No
ROLLA	MO 65401-2615	Level of Care: SNF	<b>Bed Capacity</b> 116
Mailing Address 1200 MCCUTCHEN	RD	County PHELPS	<b>DMH Licensed</b> No
ROLLA	MO 65401-2615	Region 6 Medicare/Medicaid	Facility Number 08862
AURORA NURSING			
1700 SOUTH HUDSON AVE		<b>Telephone</b> (417) 678-2165	Alzheimer's Unit Yes
AURORA	MO 65605-2717	Level of Care: SNF	<b>Bed Capacity</b> 125
Mailing Address 1700 S HUDSON AV	VE	County LAWRENCE	<b>DMH Licensed</b> No
AURORA	MO 65605-2717	Region 1 Medicare/Medicaid	Facility Number 00234
		_	
A LIEU DA O A MO CA DANG CONTROL			
AUTUMN OAKS CARING CENTER	<b>C</b>	m	
1310 HOVIS ST	100 (550) (1010)	<b>Telephone</b> (417) 926-5128	Alzheimer's Unit Yes
MOUNTAIN GROVE	MO 65711-1219	Level of Care: SNF	Bed Capacity 120
Mailing Address 1310 HOVIS ST		County WRIGHT	DMH Licensed No
MOUNTAIN GROVE	MO 65711-1219	Region 1 Medicare/Medicaid	Facility Number 07970
AUTUMN PLACE RESIDENTIAL O	CARE OF JOPLIN		
2030 E ZORA ST		<b>Telephone</b> (417) 626-8900	Alzheimer's Unit No
JOPLIN	MO 64801-1170	Level of Care: RCF*	<b>Bed Capacity</b> 38
Mailing Address 2030 E ZORA ST		County JASPER	<b>DMH Licensed</b> No
JOPLIN	MO 64801-1170	Region 1	Facility Number 20779
AUTUMN RIDGE RESIDENCES			
300 AUTUMN RIDGE DR		<b>Telephone</b> (636) 931-8400	Alzheimer's Unit No
HERCULANEUM	MO 63048-1506	Level of Care: RCF*	Bed Capacity 81
Mailing Address 300 AUTUMN RIDO	GE DR	County JEFFERSON	DMH Licensed Yes
HERCULANEUM	MO 63048-1506	Region 2	Facility Number 15845
-		· <b>o</b> -	,
AUTUMN VIEW GARDENS			
16219 AUTUMN VIEW TERRACE DE	?	<b>Telephone</b> (636) 458-5225	Alzheimer's Unit Yes
ELLISVILLE	MO 63011-4743	Level of Care: ALF**	Bed Capacity 150
Mailing Address 16219 AUTUMN VII		County SAINT LOUIS COUNTY	DMH Licensed No
ELLISVILLE		•	
ELLIQ VILLE	MO 63011-4743	Region 7	Facility Number 20751

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AUTUMN VIEW GARDENS AT SCH	IUETZ ROAD			
11210 SCHUETZ RD		<b>Telephone</b> (314) 993-9888	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63146-4933	Level of Care: ALF**	Bed Capacity	110
Mailing Address 11210 SCHUETZ RD		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63146-4933	Region 7	Facility Number	22909
AUTUMN WOODS, INC				
5500 NW HOUSTON LAKE DR		<b>Telephone</b> (816) 587-2263	Alzheimer's Unit	No
KANSAS CITY	MO 64151-3472	Level of Care: RCF*	Bed Capacity	28
Mailing Address PO BOX 12008	MO 04131 3472	County PLATTE	DMH Licensed	Yes
KANSAS CITY	MO 64152-0008	Region 4	Facility Number	10857
KANSAS CITT	WO 04132-0008	Region 4	racinty Number	10637
AVA PLACE 1101 LYLE STREET		<b>Telephone</b> (417) 683-6999	Alzheimer's Unit	No
	MO 65609 1260	• '		40
AVA	MO 65608-1269		Bed Capacity	
Mailing Address PO BOX 1269	160 (5500 100	County DOUGLAS	DMH Licensed	Yes
AVA	MO 65608-1269	Region 1	Facility Number	20718
AVALON GARDEN				
4359 TAFT AVE		<b>Telephone</b> (314) 752-2022	Alzheimer's Unit	No
SAINT LOUIS	MO 63116-1533	Level of Care: SNF	Bed Capacity	77
Mailing Address 4359 TAFT AVE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63116-1533	Region 7 Medicare/Medicaid	Facility Number	00244
AVALON MEMORY CARE				
5342 BUTLER HILL ROAD		<b>Telephone</b> (314) 849-2985	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63128-4152	Level of Care: ALF**	Bed Capacity	30
Mailing Address 5342 BUTLER HILL	ROAD	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63128-4152	Region 7	Facility Number	30425
AVALON VIEW HEALTH AND WEI	LLNESS			
1200 WEST COLLEGE ST		<b>Telephone</b> (816) 781-3020	Alzheimer's Unit	Yes
LIBERTY	MO 64068-1036	Level of Care: SNF	Bed Capacity	140
Mailing Address 1200 WEST COLLEG	SE ST	County CLAY	DMH Licensed	No
LIBERTY	MO 64068-1036	Region 4 Medicare/Medicaid	<b>Facility Number</b>	01961
BAILEY HOUSE				
102 BAILEY ST		<b>Telephone</b> (573) 756-6374	Alzheimer's Unit	No
FARMINGTON	MO 63640-1819	Level of Care: RCF	Bed Capacity	12
Mailing Address 102 BAILEY ST		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-1819	Region 2	Facility Number	00256
		O .	•	
BAISCH NURSING CENTER				
3260 BAISCH DR		<b>Telephone</b> (636) 586-2291	Alzheimer's Unit	No
DE SOTO	MO 63020-5046	Level of Care: RCF*	Bed Capacity	18
Mailing Address 3260 BAISCH DR		County JEFFERSON	DMH Licensed	No
DE COMO				

**Facility Number** 

00910

MO 63020-5046

DE SOTO

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BAISCH NURSING CENTER				
3260 BAISCH DR		<b>Telephone</b> (636) 586-2291	Alzheimer's Unit	No
DE SOTO	MO 63020-5046	Level of Care: SNF	Bed Capacity	61
Mailing Address 3260 BAISCH DR	NO 50000 5045	County JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-5046	Region 2 Medicare/Medicaid	Facility Number	00910
BAPTIST HOMES OF ADRIAN				
402 WEST 1ST STREET		<b>Telephone</b> (816) 297-8901	Alzheimer's Unit	No
ADRIAN	MO 64720-9277	Level of Care: SNF	Bed Capacity	38
Mailing Address 402 WEST 1ST ST		County BATES	DMH Licensed	No
ADRIAN	MO 64720-9277	Region 3 Medicare/Medicaid	Facility Number	00032
BAPTIST HOMES OF ARCADIA	VALLEY			
101 RIGGS-SCOTT LN	1	<b>Telephone</b> (573) 546-7429	Alzheimer's Unit	No
IRONTON	MO 63650-4338	Level of Care: ALF	Bed Capacity	56
Mailing Address PO BOX 87	110 00000 1000	County IRON	DMH Licensed	No
IRONTON	MO 63650-0087	Region 2	Facility Number	00274
BAPTIST HOMES OF ARCADIA	VALLEY			
101 RIGGS-SCOTT LN		<b>Telephone</b> (573) 546-7429	Alzheimer's Unit	No
IRONTON	MO 63650-4338	Level of Care: ICF	Bed Capacity	49
Mailing Address PO BOX 87		County IRON	DMH Licensed	No
IRONTON	MO 63650-0087	Region 2 Medicaid	Facility Number	00274
BAPTIST HOMES OF INDEPEND	DENCE			
17451 MEDICAL CENTER PARKW	AY	<b>Telephone</b> (816) 373-7795	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-1805	Level of Care: SNF	Bed Capacity	118
Mailing Address 17451 MEDICAL O	CENTER PRKWY	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3 Medicare/Medicaid	Facility Number	03782
BAPTIST HOMES OF INDEPEND	ENCE			
BAPTIST HOMES OF INDEPEND 17451 MEDICAL CENTER PARKW		<b>Telephone</b> (816) 373-7795	Alzheimer's Unit	NO
17451 MEDICAL CENTER PARKW	AY	Telephone (816) 373-7795 Level of Care: RCF	Alzheimer's Unit Bed Capacity	NO 20
17451 MEDICAL CENTER PARKW INDEPENDENCE	AY MO 64057-1805	Level of Care: RCF	Bed Capacity	20
17451 MEDICAL CENTER PARKW	AY MO 64057-1805	• '		
17451 MEDICAL CENTER PARKW INDEPENDENCE Mailing Address 17451 MEDICAL C	AY MO 64057-1805 CENTER PARKWAY	Level of Care: RCF County JACKSON	Bed Capacity DMH Licensed	20 No
17451 MEDICAL CENTER PARKW INDEPENDENCE Mailing Address 17451 MEDICAL C	AY MO 64057-1805 CENTER PARKWAY	Level of Care: RCF County JACKSON	Bed Capacity DMH Licensed	20 No
17451 MEDICAL CENTER PARKW INDEPENDENCE Mailing Address 17451 MEDICAL C INDEPENDENCE	AY MO 64057-1805 CENTER PARKWAY	Level of Care: RCF County JACKSON	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	20 No
17451 MEDICAL CENTER PARKW INDEPENDENCE Mailing Address 17451 MEDICAL C INDEPENDENCE BAPTIST HOMES OF OZARK	AY MO 64057-1805 CENTER PARKWAY	Level of Care: RCF County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number	20 No 03782
17451 MEDICAL CENTER PARKW INDEPENDENCE Mailing Address 17451 MEDICAL O INDEPENDENCE BAPTIST HOMES OF OZARK 1625 WEST GARTON RD	AY MO 64057-1805 CENTER PARKWAY MO 64057-1805	Level of Care: RCF County JACKSON Region 3  Telephone (417) 581-2101	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	20 No 03782
17451 MEDICAL CENTER PARKW INDEPENDENCE Mailing Address 17451 MEDICAL O INDEPENDENCE BAPTIST HOMES OF OZARK 1625 WEST GARTON RD OZARK	AY MO 64057-1805 CENTER PARKWAY MO 64057-1805	Level of Care: RCF County JACKSON Region 3  Telephone (417) 581-2101 Level of Care: ICF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	20 No 03782 No 33
17451 MEDICAL CENTER PARKW INDEPENDENCE  Mailing Address 17451 MEDICAL C INDEPENDENCE  BAPTIST HOMES OF OZARK 1625 WEST GARTON RD OZARK  Mailing Address PO BOX 1040	AY MO 64057-1805 CENTER PARKWAY MO 64057-1805 MO 65721-6637	Level of Care: RCF County JACKSON Region 3  Telephone (417) 581-2101 Level of Care: ICF County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	20 No 03782 No 33 No
17451 MEDICAL CENTER PARKW INDEPENDENCE  Mailing Address 17451 MEDICAL OF INDEPENDENCE  BAPTIST HOMES OF OZARK 1625 WEST GARTON RD OZARK  Mailing Address PO BOX 1040 OZARK	AY MO 64057-1805 CENTER PARKWAY MO 64057-1805 MO 65721-6637	Level of Care: RCF County JACKSON Region 3  Telephone (417) 581-2101 Level of Care: ICF County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	20 No 03782 No 33 No
17451 MEDICAL CENTER PARKW INDEPENDENCE  Mailing Address 17451 MEDICAL O INDEPENDENCE  BAPTIST HOMES OF OZARK 1625 WEST GARTON RD OZARK Mailing Address PO BOX 1040 OZARK  BAPTIST HOMES OF OZARK	AY MO 64057-1805 CENTER PARKWAY MO 64057-1805 MO 65721-6637	Level of Care: RCF County JACKSON Region 3  Telephone (417) 581-2101 Level of Care: ICF County CHRISTIAN Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 No 03782 No 33 No 21509
17451 MEDICAL CENTER PARKW INDEPENDENCE  Mailing Address 17451 MEDICAL CINDEPENDENCE  BAPTIST HOMES OF OZARK 1625 WEST GARTON RD OZARK Mailing Address PO BOX 1040 OZARK  BAPTIST HOMES OF OZARK 1625 WEST GARTON RD	MO 64057-1805 CENTER PARKWAY MO 64057-1805 MO 65721-6637 MO 65721-1040	Level of Care: RCF County JACKSON Region 3  Telephone (417) 581-2101 Level of Care: ICF County CHRISTIAN Region 1  Telephone (417) 581-2101	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	20 No 03782 No 33 No 21509
17451 MEDICAL CENTER PARKWINDEPENDENCE  Mailing Address 17451 MEDICAL CINDEPENDENCE  BAPTIST HOMES OF OZARK 1625 WEST GARTON RD OZARK  Mailing Address PO BOX 1040 OZARK  BAPTIST HOMES OF OZARK 1625 WEST GARTON RD OZARK	MO 64057-1805 CENTER PARKWAY MO 64057-1805 MO 65721-6637 MO 65721-1040	Level of Care: RCF County JACKSON Region 3  Telephone (417) 581-2101 Level of Care: ICF County CHRISTIAN Region 1  Telephone (417) 581-2101 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	20 No 03782 No 33 No 21509

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BAPTIST HOMES, TRI-COUNTY			
601 NORTH GALLOWAY RD		<b>Telephone</b> (573) 594-6467	Alzheimer's Unit Yes
VANDALIA	MO 63382-1252	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 601 NORTH GALLO	WAY RD	County AUDRAIN	<b>DMH Licensed</b> No
VANDALIA	MO 63382-1252	Region 5 Medicare/Medicaid	Facility Number 08096
BAPTIST HOMES, TRI-COUNTY			
601 NORTH GALLOWAY RD		<b>Telephone</b> (573) 594-6467	Alzheimer's Unit No
VANDALIA	MO 63382-1252	Level of Care: RCF	Bed Capacity 20
Mailing Address 601 NORTH GALLO		County AUDRAIN	DMH Licensed No
VANDALIA	MO 63382-1252	Region 5	Facility Number 08096
VIRODIEMI	110 05502 1252	Region 5	Tacinty (valide)
BARATHAVEN ALZHEIMER'S SPI	ECIAL CARE CENTER		
1030 BARATHAVEN DR		<b>Telephone</b> (636) 329-9160	Alzheimer's Unit Yes
DARDENNE PRAIRIE	MO 63368-8606	Level of Care: ALF**	<b>Bed Capacity</b> 66
Mailing Address 1030 BARATHAVE	N DR	County SAINT CHARLES	<b>DMH Licensed</b> No
DARDENNE PRAIRIE	MO 63368-8606	Region 5	Facility Number 26902
BARNABAS ACRES			
210 FRANKS LN		<b>Telephone</b> (573) 270-8887	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-8439	Level of Care: ALF	<b>Bed Capacity</b> 56
Mailing Address 210 FRANKS LN		County CAPE GIRARDEAU	DMH Licensed Yes
CAPE GIRARDEAU	MO 63701-8439	Region 2	Facility Number 05130
		3	•
BARNABAS REDWOOD MANOR			
1194 LANDON RD		<b>Telephone</b> (573) 468-8150	Alzheimer's Unit No
BOURBON	MO 65441-8218	Level of Care: RCF	Bed Capacity 47
Mailing Address 1194 LANDON RD	3.50 (5.44 0240	County CRAWFORD	DMH Licensed Yes
BOURBON	MO 65441-8218	Region 6	Facility Number 08609
BARNES-JEWISH EXTENDED CAR	RE		
401 CORPORATE PARK DR		<b>Telephone</b> (314) 725-7447	Alzheimer's Unit No
SAINT LOUIS	MO 63105-4201	Level of Care: SNF	<b>Bed Capacity</b> 120
Mailing Address 401 CORPORATE P.	ARK DR	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63105-4201	Region 7 Medicare/Medicaid	Facility Number 15878
BAYLESS BOARDING HOME			
3719 SAND CREEK ROAD		<b>Telephone</b> (573) 747-0889	Alzheimer's Unit No
FARMINGTON	MO 63640-7349	Level of Care: RCF	Bed Capacity 12
Mailing Address 3719 SAND CREEK		County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-7349	Region 2	Facility Number 17300
TAMMINUTON	112 03040-7347	Acgivii 2	racinty Number 1/300
BEACON HILL RESIDENTIAL CAI	RE		
2905 CAMPBELL		<b>Telephone</b> (816) 531-6168	Alzheimer's Unit No
KANSAS CITY	MO 64109-1417	Level of Care: RCF*	<b>Bed Capacity</b> 37
Mailing Address 2905 CAMPBELL		County JACKSON	<b>DMH Licensed</b> Yes
KANSAS CITY	MO 64109-1417	Region 3	Facility Number 00329

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DEALINELL CAMOD HOME			
BEAUTIFUL SAVIOR HOME 1003 SOUTH CEDAR ST		<b>Telephone</b> (816) 331-0781	Alzheimer's Unit No
	O 64012-3703	Level of Care: ALF	Bed Capacity 55
Mailing Address 1003 S CEDAR ST	04012-3703	County CASS	DMH Licensed No
o .	O 64012-3703	Region 3	Facility Number 00342
222.51	0.0012.0700	Region 5	1 1011109 1 10111001
BEAUTIFUL SAVIOR HOME			
1003 SOUTH CEDAR ST		<b>Telephone</b> (816) 331-0781	Alzheimer's Unit No
BELTON M	O 64012-3703	Level of Care: SNF	Bed Capacity 126
Mailing Address 1003 S CEDAR ST		County CASS	DMH Licensed No
BELTON M	O 64012-3703	Region 3 Medicare/Medicaid	Facility Number 00342
BEAUVAIS REHAB AND HEALTHCAR	E CENTER		
3625 MAGNOLIA AVE		<b>Telephone</b> (314) 771-2990	Alzheimer's Unit Yes
	O 63110-4048	Level of Care: SNF	Bed Capacity 184
Mailing Address 3625 MAGNOLIA AVE		County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS M	O 63110-4048	Region 7 Medicare/Medicaid	Facility Number 09528
BEEHIVE HOMES OF GRAIN VALLEY	7		
101 CROSS CREEK DR		<b>Telephone</b> (816) 224-2700	Alzheimer's Unit No
	O 64029-9561	Level of Care: ALF**	Bed Capacity 32
Mailing Address 101 CROSS CREEK DR		County JACKSON	DMH Licensed No
	O 64029-9561	Region 3	Facility Number 24279
			•
BELLEVIEW CARE CENTER			
1616 WEISENBORN RD		<b>Telephone</b> (816) 232-9874	Alzheimer's Unit No
SAINT JOSEPH M	O 64507-2527	Level of Care: ALF	Bed Capacity 100
Mailing Address 1616 WEISENBORN RD		County BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH M	O 64507-2527	Region 4	Facility Number 10346
BELLEVIEW CARE CENTER			
1616 WEISENBORN RD		<b>Telephone</b> (816) 232-9874	Alzheimer's Unit Yes
	O 64507-2527	Level of Care: SNF	Bed Capacity 90
Mailing Address 1616 WEISENBORN RD		County BUCHANAN	DMH Licensed No
· ·	O 64508-2527	Region 4 Medicare/Medicaid	Facility Number 10346
BELLEVIEW VALLEY NURSING HOM	Œ		
23144 HIGHWAY 32		<b>Telephone</b> (573) 697-5311	Alzheimer's Unit No
BELLEVIEW M	O 63623-6346	Level of Care: SNF	<b>Bed Capacity</b> 122
Mailing Address 23144 HIGHWAY 32		County IRON	DMH Licensed No
BELLEVIEW M	O 63623-6346	Region 2 Medicare/Medicaid	Facility Number 00382
BELOVED HEALTH AND REHABILITA	ATION CENTED		
328 MUNGER LANE	ATION CENTER	<b>Telephone</b> (573) 577-2100	Alzheimer's Unit No
	O 63401-2361	Level of Care: SNF	Bed Capacity 111
Mailing Address 328 MUNGER LANE		County MARION	DMH Licensed No
_	O 63401-2361	Region 5 Medicare/Medicaid	Facility Number 03340
			, 35510

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BENEDICT JOSEPH LABRE CENTE	CR			
3863 CLEVELAND		<b>Telephone</b> (314) 664-3927	Alzheimer's Unit	No
SAINT LOUIS	MO 63110-4009	Level of Care: RCF	<b>Bed Capacity</b>	15
Mailing Address 3863 CLEVELAND		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63110-4009	Region 7	<b>Facility Number</b>	21163
BENTLEYS EXTENDED CARE				
3060 ASHBY ROAD		<b>Telephone</b> (314) 426-0433	Alzheimer's Unit	No
OVERLAND	MO 63114-1342	Telephone (314) 426-0433 Level of Care: SNF		72
	MO 03114-1342		Bed Capacity DMH Licensed	No
Mailing Address 3060 ASHBY RD OVERLAND	MO 63114-1342	•		
OVERLAND	MO 03114-1342	Region 7 Medicare/Medicaid	Facility Number	22613
	α.			
BENTON HOUSE OF BLUE SPRINGS	S	Tolonhono (815) 224 2727	Alzheimer's Unit	Va-
1701 NW JEFFERSON ST	MO 64015 7220	<b>Telephone</b> (816) 224-2727		Yes
BLUE SPRINGS	MO 64015-7229	Level of Care: ALF**	Bed Capacity	95
Mailing Address 1701 NW JEFFERSON		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64015-7229	Region 3	Facility Number	29729
DENITON HOUSE OF DAYMODE				
BENTON HOUSE OF RAYMORE		m 1 1 (016) 222 2111		37
2100 JOHNSTON DR	MO (4092 9122	<b>Telephone</b> (816) 322-2111	Alzheimer's Unit	Yes
RAYMORE	MO 64083-8122	Level of Care: ALF**	Bed Capacity	95 N
Mailing Address 2100 JOHNSTON DR		County CASS	DMH Licensed	No
RAYMORE	MO 64083-8122	Region 3	Facility Number	29896
BENTON HOUSE OF STALEY HILL	<b>c</b>			
11071 N WOODLAND AVE	S	<b>Telephone</b> (816) 372-1888	Alzheimer's Unit	Yes
KANSAS CITY	MO 64155-1552	Level of Care: ALF**	Bed Capacity	80
Mailing Address 11071 N WOODLAND		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64155-1552	Region 4	Facility Number	30774
RANSAS CITT	WIO 04133-1332	Region 4	racinty Number	30774
BENTON HOUSE OF TIFFANY SPRI	INGS			
5901 NW 88TH ST		<b>Telephone</b> (816) 505-4555	Alzheimer's Unit	Yes
KANSAS CITY	MO 64154-1607	Level of Care: ALF**	Bed Capacity	80
Mailing Address 5901 NW 88TH ST		County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64154-1607	Region 4	Facility Number	29519
IN HOLD CITT	110 0113 1 1007	Region	ruemty rumber	2)31)
BENTWOOD NURSING & REHAB				
1501 CHARBONIER RD		<b>Telephone</b> (314) 921-2700	Alzheimer's Unit	No
FLORISSANT	MO 63031-5308	Level of Care: SNF	Bed Capacity	116
Mailing Address 1501 CHARBONIER I		County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-5308	Region 7 Medicare/Medicaid	Facility Number	14817
	3 33 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	ricultar (/ Pitturcalu	- 401110, 114111001	1701/
BERNARD CARE CENTER				
4335 WEST PINE BLVD		<b>Telephone</b> (314) 371-0200	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2205	Level of Care: SNF	Bed Capacity	141
Mailing Address 4335 WEST PINE BLV		County SAINT LOUIS CITY	DMH Licensed	No
CAINT LOUIC	MO 62108 2205	D	Facility Number	00426

Medicare/Medicaid

**Facility Number** 

00436

MO 63108-2205

SAINT LOUIS

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BERTRAND NURSING AND REHAB CENTER		
603 WEST HIGHWAY 62	<b>Telephone</b> (573) 683-4290	Alzheimer's Unit No
BERTRAND MO 63823		<b>Bed Capacity</b> 60
Mailing Address 603 WEST HIGHWAY 62	County MISSISSIPPI	<b>DMH Licensed</b> No
BERTRAND MO 63823	9738 Region 2 Medicare/Medicaid	Facility Number 00440
BETH HAVEN NURSING HOME		
2500 PLEASANT ST	<b>Telephone</b> (573) 221-6500	Alzheimer's Unit Yes
HANNIBAL MO 63401-		Bed Capacity 105
Mailing Address 2500 PLEASANT ST	County MARION	DMH Licensed No
HANNIBAL MO 63401-	·	Facility Number 00469
	region i medicaro medicaro	240119 114111001
BETHESDA DILWORTH		
9645 BIG BEND BLVD	<b>Telephone</b> (314) 968-5460	Alzheimer's Unit Yes
SAINT LOUIS MO 63122		Bed Capacity 400
Mailing Address 9645 BIG BEND BLVD	County SAINT LOUIS COUNTY	
SAINT LOUIS MO 63122-	Region 7 Medicare/Medicaid	Facility Number 00508
BETHESDA HAWTHORNE PLACE		
1111 SOUTH BERRY ROAD	<b>Telephone</b> (314) 942-5750	Alzheimer's Unit Yes
SAINT LOUIS MO 63122-	6598 Level of Care: ALF**	<b>Bed Capacity</b> 66
Mailing Address 1111 SOUTH BERRY ROAD	County SAINT LOUIS COUNTY	Z DMH Licensed No
SAINT LOUIS MO 63122-	6598 <b>Region</b> 7	Facility Number 30509
	, and the second	
BETHESDA SOUTHGATE	m	
5943 TELEGRAPH RD	Telephone (314) 846-2000	Alzheimer's Unit Yes
SAINT LOUIS MO 63129		Bed Capacity 192
Mailing Address 5943 TELEGRAPH RD	County SAINT LOUIS COUNTY	
SAINT LOUIS MO 63129	4715 Region 7 Medicare/Medicaid	Facility Number 05586
BIG BEND RETREAT		
620 NORTH EMMERSON	<b>Telephone</b> (660) 529-2237	Alzheimer's Unit No
SLATER MO 65349	1157 Level of Care: RCF*	<b>Bed Capacity</b> 10
Mailing Address 620 NORTH EMMERSON	<b>County</b> SALINE	<b>DMH Licensed</b> No
SLATER MO 65349	1157 <b>Region</b> 5	Facility Number 00546
BIG BEND RETREAT		
620 NORTH EMMERSON	<b>Telephone</b> (660) 529-2237	Alzheimer's Unit No
SLATER MO 65349-		
	1157 Level of Care: ICF County SALINE	Bed Capacity 60  DMH Licensed No
Mailing Address 620 NORTH EMMERSON SLATER MO 65349	•	
SLATER WIO 05549	region 3	Facility Number 00546
BIG BEND WOODS HEALTHCARE CENTER		
110 HIGHLAND AVE	<b>Telephone</b> (636) 529-8300	Alzheimer's Unit No
VALLEY PARK MO 63088	1422 Level of Care: SNF	<b>Bed Capacity</b> 135
Mailing Address 110 HIGHLAND AVE	County SAINT LOUIS COUNTY	
VALLEY PARK MO 63088	1422 <b>Region</b> 7 <b>Medicare/Medicaid</b>	Facility Number 01170

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BIG SPRING CARE CENTER FOR	REHAB AND HEALTHCARE			
202 EAST MILL ST		<b>Telephone</b> (417) 754-8711	Alzheimer's Unit	No
HUMANSVILLE	MO 65674-8507	Level of Care: SNF	<b>Bed Capacity</b>	60
Mailing Address 202 EAST MILL ST		County POLK	DMH Licensed	No
HUMANSVILLE	MO 65674-8507	Region 1 Medicare/Medicaid	<b>Facility Number</b>	18672
BIRCH POINTE HEALTH AND RE	HADII ITATION			
3705 S JEFFERSON AVE	HABILITATION	<b>Telephone</b> (417) 889-0773	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65807-5880	Level of Care: SNF	Bed Capacity	120
Mailing Address 3705 S JEFFERSON			DMH Licensed	No
SPRINGFIELD	MO 65807-5880	county		
SPRINGFIELD	MO 03607-3860	Region 1 Medicare/Medicaid	Facility Number	31013
BISHOP SPENCER PLACE, INC, TI	HE			
4301 MADISON AVE		<b>Telephone</b> (816) 931-4277	Alzheimer's Unit	No
KANSAS CITY	MO 64111-3491	Level of Care: ALF**	Bed Capacity	40
Mailing Address 4301 MADISON AV	E	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-3491	Region 3	Facility Number	20635
BISHOP SPENCER PLACE, INC, TI	HE			
4301 MADISON AVE		<b>Telephone</b> (816) 931-4277	Alzheimer's Unit	No
KANSAS CITY	MO 64111-3491	Level of Care: SNF	Bed Capacity	57
Mailing Address 4301 MADISON AV	E	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-3491	Region 3 Medicare/Medicaid	Facility Number	20635
			·	
DI ECCINIC CENTED THE				
BLESSING CENTER, THE		T. I. I. (CCO) 207, 2202	A11	N
302 NORTH MAIN	MO (2527-1252	<b>Telephone</b> (660) 397-2293	Alzheimer's Unit	No
302 NORTH MAIN EDINA	MO 63537-1353	Level of Care: RCF	<b>Bed Capacity</b>	51
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN		Level of Care: RCF County KNOX	Bed Capacity DMH Licensed	51 Yes
302 NORTH MAIN EDINA	MO 63537-1353 MO 63537-1353	Level of Care: RCF	<b>Bed Capacity</b>	51
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN		Level of Care: RCF County KNOX	Bed Capacity DMH Licensed	51 Yes
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN		Level of Care: RCF County KNOX	Bed Capacity DMH Licensed	51 Yes
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA		Level of Care: RCF County KNOX	Bed Capacity DMH Licensed	51 Yes
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR	MO 63537-1353 MO 65613-1488	Level of Care: RCF County KNOX Region 5	Bed Capacity DMH Licensed Facility Number	51 Yes 03728
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST	MO 63537-1353 MO 65613-1488	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	51 Yes 03728
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR	MO 63537-1353 MO 65613-1488	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	51 Yes 03728 No 30
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE S	MO 63537-1353  MO 65613-1488	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	51 Yes 03728 No 30 Yes
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE S	MO 63537-1353  MO 65613-1488 T  MO 65613-1488	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	51 Yes 03728 No 30 Yes
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE S' BOLIVAR	MO 63537-1353  MO 65613-1488 T  MO 65613-1488	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	51 Yes 03728 No 30 Yes
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE S' BOLIVAR  BLUE CIRCLE REHAB AND NURS	MO 63537-1353  MO 65613-1488 T  MO 65613-1488	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1  Telephone (314) 531-0500	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	51 Yes 03728 No 30 Yes 24698
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE S' BOLIVAR  BLUE CIRCLE REHAB AND NURS 2939 MAGAZINE STREET SAINT LOUIS	MO 63537-1353  MO 65613-1488  T MO 65613-1488  ING  MO 63106-1245	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1  Telephone (314) 531-0500 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	51 Yes 03728 No 30 Yes 24698
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE S' BOLIVAR  BLUE CIRCLE REHAB AND NURS 2939 MAGAZINE STREET SAINT LOUIS Mailing Address 2939 MAGAZINE ST	MO 63537-1353  MO 65613-1488  T MO 65613-1488  ING  MO 63106-1245  TREET	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1  Telephone (314) 531-0500 Level of Care: SNF County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	51 Yes 03728 No 30 Yes 24698
302 NORTH MAIN EDINA Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR Mailing Address 1830 E LAVERNE S' BOLIVAR  BLUE CIRCLE REHAB AND NURS 2939 MAGAZINE STREET SAINT LOUIS	MO 63537-1353  MO 65613-1488  T MO 65613-1488  ING  MO 63106-1245	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1  Telephone (314) 531-0500 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	51 Yes 03728 No 30 Yes 24698
302 NORTH MAIN EDINA  Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE S' BOLIVAR  BLUE CIRCLE REHAB AND NURS 2939 MAGAZINE STREET SAINT LOUIS  Mailing Address 2939 MAGAZINE ST SAINT LOUIS	MO 63537-1353  MO 65613-1488  T MO 65613-1488  ING  MO 63106-1245  TREET	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1  Telephone (314) 531-0500 Level of Care: SNF County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	51 Yes 03728 No 30 Yes 24698
302 NORTH MAIN EDINA  Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE S' BOLIVAR  BLUE CIRCLE REHAB AND NURS 2939 MAGAZINE STREET SAINT LOUIS  Mailing Address 2939 MAGAZINE ST SAINT LOUIS  BLUE HILLS REST HOME, INC	MO 63537-1353  MO 65613-1488  T MO 65613-1488  ING  MO 63106-1245  TREET	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1  Telephone (314) 531-0500 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	51 Yes 03728 No 30 Yes 24698 No 90 No 15258
302 NORTH MAIN EDINA  Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE S' BOLIVAR  BLUE CIRCLE REHAB AND NURS 2939 MAGAZINE STREET SAINT LOUIS  Mailing Address 2939 MAGAZINE ST SAINT LOUIS  BLUE HILLS REST HOME, INC 2207 NORTH BLUE MILLS RD	MO 63537-1353  MO 65613-1488  T MO 65613-1488  ING  MO 63106-1245  TREET  MO 63106-1245	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1  Telephone (314) 531-0500 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid  Telephone (816) 796-3376	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	51 Yes 03728 No 30 Yes 24698 No 90 No 15258
302 NORTH MAIN EDINA  Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE S' BOLIVAR  BLUE CIRCLE REHAB AND NURS 2939 MAGAZINE STREET SAINT LOUIS  Mailing Address 2939 MAGAZINE ST SAINT LOUIS  BLUE HILLS REST HOME, INC 2207 NORTH BLUE MILLS RD INDEPENDENCE	MO 63537-1353  MO 65613-1488  T MO 65613-1488  ING  MO 63106-1245  TREET  MO 63106-1245  MO 64058-2022	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1  Telephone (314) 531-0500 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid  Telephone (816) 796-3376 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	51 Yes 03728 No 30 Yes 24698 No 90 No 15258
302 NORTH MAIN EDINA  Mailing Address 302 NORTH MAIN EDINA  BLUE CASTLE BOLIVAR LLC 1830 E LAVERNE ST BOLIVAR  Mailing Address 1830 E LAVERNE S' BOLIVAR  BLUE CIRCLE REHAB AND NURS 2939 MAGAZINE STREET SAINT LOUIS  Mailing Address 2939 MAGAZINE ST SAINT LOUIS  BLUE HILLS REST HOME, INC 2207 NORTH BLUE MILLS RD	MO 63537-1353  MO 65613-1488  T MO 65613-1488  ING  MO 63106-1245  TREET  MO 63106-1245  MO 64058-2022	Level of Care: RCF County KNOX Region 5  Telephone (417) 777-2583 Level of Care: RCF* County POLK Region 1  Telephone (314) 531-0500 Level of Care: SNF County SAINT LOUIS CITY Region 7 Medicare/Medicaid  Telephone (816) 796-3376	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	51 Yes 03728 No 30 Yes 24698 No 90 No 15258

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BLUE SPRINGS WELLNESS & REHA	ABILITATION		
930 NORTH EAST DUNCAN RD		<b>Telephone</b> (816) 229-6677	Alzheimer's Unit No
BLUE SPRINGS	MO 64014-2173	Level of Care: SNF	Bed Capacity 120
Mailing Address 930 NORTH EAST DU	NCAN RD	County JACKSON	<b>DMH Licensed</b> No
BLUE SPRINGS	MO 64014-2173	Region 3 Medicare/Medicaid	Facility Number 00677
BLUEBIRD WELLNESS AND REHAB	H ITATION		
9350 GREEN PARK ROAD	BLITATION	<b>Telephone</b> (314) 845-0900	Alzheimer's Unit YES
	MO 63123-7211	Level of Care: SNF	Bed Capacity 188
Mailing Address 9350 GREEN PARK RO		County SAINT LOUIS COUNTY	DMH Licensed No
· ·	MO 63123-7211	_	Facility Number 17565
SAINI LOOIS	WIO 03123-7211	Region 7 Medicare/Medicaid	racinty Number 1/303
BLUEGRASS TERRACE			
102 REDTAIL DR		<b>Telephone</b> (573) 657-0899	Alzheimer's Unit No
ASHLAND	MO 65010-1179	Level of Care: RCF	Bed Capacity 16
Mailing Address 102 REDTAIL DR		County BOONE	DMH Licensed No
ASHLAND	MO 65010-1179	Region 6	Facility Number 25731
BLUFF CREEK TERRACE - ASSISTE	ED LIVING BY AMERICARE		
3104 BLUFF CREEK DR	NO. (5201-2524	<b>Telephone</b> (573) 815-9111	Alzheimer's Unit Yes
	MO 65201-3524	Level of Care: ALF**	Bed Capacity 48
Mailing Address 3104 BLUFF CREEK D		County BOONE	DMH Licensed No
COLUMBIA	MO 65201-3524	Region 6	Facility Number 20625
BLUFFS, THE			
3105 BLUFF CREEK DR		<b>Telephone</b> (573) 442-6060	Alzheimer's Unit Yes
COLUMBIA	MO 65201-3529	Level of Care: SNF	<b>Bed Capacity</b> 132
Mailing Address 3105 BLUFF CREEK D	OR .	County BOONE	<b>DMH Licensed</b> No
COLUMBIA	MO 65201-3529	Region 6 Medicare/Medicaid	Facility Number 00754
DO A DOING INN THE			
BOARDING INN, THE		T. I. I. (214) 426 0001	A11
9444 MIDLAND BLVD	MO (2114 2220	<b>Telephone</b> (314) 426-0091	Alzheimer's Unit No
	MO 63114-3328	Level of Care: RCF	Bed Capacity 40
Mailing Address 9444 MIDLAND BLVD		County SAINT LOUIS COUNTY	DMH Licensed Yes
OVERLAND	MO 63114-3328	Region 7	Facility Number 00709
BOLIVAR MANOR HOUSE			
404 EAST BROADWAY		<b>Telephone</b> (417) 327-5790	Alzheimer's Unit No
BOLIVAR	MO 65613-2019	Level of Care: RCF*	Bed Capacity 20
Mailing Address PO BOX 175		County POLK	<b>DMH Licensed</b> Yes
BOLIVAR	MO 65613-0175	Region 1	Facility Number 04529
BOULEVARD SENIOR LIVING OF ST	T CHARLES THE		
3340 EHLMANN ROAD	i CHARLES, I HE	<b>Telephone</b> (636) 757-5077	Alzheimer's Unit Yes
	MO 63301-4087	Level of Care: ALF**	Bed Capacity 128
Mailing Address 3340 EHLMANN ROA		County SAINT CHARLES	DMH Licensed No
_	MO 63301-4087	Region 5	Facility Number 31029
DIM (I CIII INLLE)	110 00001 4007	Acgivii 🧸	1 ucinity 1 units 51029

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BOULEVARD SENIOR LIVING OF	ST PETERS, THE			
500 BLUFFSTONE CIRCLE		<b>Telephone</b> (636) 626-2520	Alzheimer's Unit	Yes
SAINT PETERS	MO 63304-2736	Level of Care: ALF**	<b>Bed Capacity</b>	74
Mailing Address 500 BLUFFSTONE C	IRCLE	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63304-2736	Region 5	Facility Number	33475
BOULEVARD SENIOR LIVING OF	WENTZVILLE. THE			
120 PERRY CATE BOULEVARD	,, E. (IZ (IDEE, IIIE	<b>Telephone</b> (636) 698-9458	Alzheimer's Unit	Yes
WENTZVILLE	MO 63385-4719	Level of Care: ALF**	Bed Capacity	62
Mailing Address 120 PERRY CATE BO		County SAINT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-4719	Region 5	Facility Number	31404
WENTZVIEE	110 03303 4717	Region 5	racinty Number	31404
DOWN INC ODEEN DECIDENCIAL	CARE			
BOWLING GREEN RESIDENTIAL	CAKE	Tolonhone (572) 204 5560	Alabaim!- TT!	N.T
119 WEST CENTENNIAL AVE	110 (2224 1505	<b>Telephone</b> (573) 324-5560	Alzheimer's Unit	No
BOWLING GREEN	MO 63334-1605	Level of Care: RCF*	Bed Capacity	35
Mailing Address 119 WEST CENTEN		County PIKE	DMH Licensed	Yes
BOWLING GREEN	MO 63334-1605	Region 5	Facility Number	07712
BRADFORD COURT - ASSISTED LI	VING BY AMERICARE			
902 NORTH MAIN		<b>Telephone</b> (417) 725-0177	Alzheimer's Unit	No
NIXA	MO 65714-9384	Level of Care: ALF**	Bed Capacity	50
Mailing Address 902 NORTH MAIN		County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9384	Region 1	Facility Number	17732
BRENT B TINNIN MANOR				
220 EUEL POLK DR		<b>Telephone</b> (573) 663-2545	Alzheimer's Unit	No
ELLINGTON	MO 63638-7967	Level of Care: SNF	Bed Capacity	60
Mailing Address 220 EUEL POLK DR		County REYNOLDS	DMH Licensed	No
ELLINGTON	MO 63638-7967	Region 2 Medicare/Medicaid	Facility Number	08027
BRENTMOOR RETIREMENT COM	MUNITY			
8600 DELMAR BLVD		<b>Telephone</b> (314) 995-3811	Alzheimer's Unit	No
SAINT LOUIS	MO 63124-1973	Level of Care: ALF**	Bed Capacity	36
Mailing Address 8600 DELMAR BLVI	D .	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1973	Region 7	Facility Number	19968
BRIDGEWOOD HEALTH CARE CE	NTER			
11515 TROOST		<b>Telephone</b> (816) 943-0101	Alzheimer's Unit	NO
KANSAS CITY	MO 64131-3769	Level of Care: SNF	<b>Bed Capacity</b>	166
Mailing Address 11515 TROOST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64131-3769	Region 3 Medicare/Medicaid	Facility Number	06555
BRISTOL MANOR OF AURORA		m 1 1 (445)		• •
740 SOUTH HUDSON	110 (77/07 07/0	<b>Telephone</b> (417) 678-7535	Alzheimer's Unit	No
AURORA	MO 65605-2512	Level of Care: RCF	Bed Capacity	12
Mailing Address 740 SOUTH HUDSOI		County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2512	Region 1	Facility Number	20352

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BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST		<b>Telephone</b> (660) 425-7133	Alzheimer's Unit No
BETHANY	MO 64424-2631	Level of Care: RCF	Bed Capacity 12
Mailing Address 811 SOUTH 24TH ST BETHANY		County HARRISON	DMH Licensed No
BETHANY	MO 64424-2631	Region 4	Facility Number 19068
BRISTOL MANOR OF BOONVILLE			
1290 ASHLEY RD		<b>Telephone</b> (660) 882-3393	Alzheimer's Unit No
BOONVILLE	MO 65233-2108	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 1290 ASHLEY RD		County COOPER	<b>DMH Licensed</b> No
BOONVILLE	MO 65233-2108	Region 6	Facility Number 17310
BRISTOL MANOR OF BROOKFIEL	D		
338 THOMPSON		<b>Telephone</b> (660) 258-5065	Alzheimer's Unit No
BROOKFIELD	MO 64628-2419	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 338 THOMPSON		County LINN	<b>DMH Licensed</b> No
BROOKFIELD	MO 64628-2419	Region 5	Facility Number 18666
BRISTOL MANOR OF BUFFALO			
1002 SOUTH BIRCH		<b>Telephone</b> (417) 345-5500	Alzheimer's Unit No
BUFFALO	MO 65622-9455	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 1002 SOUTH BIRCH		County DALLAS	<b>DMH Licensed</b> No
BUFFALO	MO 65622-9455	Region 1	Facility Number 18142
BRISTOL MANOR OF BUTLER			
411 SOUTH DELAWARE		<b>Telephone</b> (660) 679-3661	Alzheimer's Unit No
BUTLER	MO 64730-2311	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 411 SOUTH DELAW		County BATES	<b>DMH Licensed</b> No
BUTLER	MO 64730-2311	Region 3	Facility Number 18817
BRISTOL MANOR OF CALIFORNIA	A		
605 PARKVIEW DR		<b>Telephone</b> (573) 796-4342	Alzheimer's Unit No
CALIFORNIA	MO 65018-2001	Level of Care: RCF	Bed Capacity 12
Mailing Address 605 PARKVIEW DR	MO (5010 2001	County MONITEAU	DMH Licensed No
CALIFORNIA	MO 65018-2001	Region 6	Facility Number 17401
BRISTOL MANOR OF CAMDENTO	N	m	
75 FOURTH ST	MO (5000 (001	<b>Telephone</b> (573) 346-6800	Alzheimer's Unit No
CAMDENTON	MO 65020-6891	Level of Care: RCF	Bed Capacity 12
Mailing Address 75 FOURTH ST	MO 65020 6801	County CAMDEN	DMH Licensed No Facility Number 17014
CAMDENTON	MO 65020-6891	Region 6	Facility Number 17914
BRISTOL MANOR OF CAMERON			
920 NORTH HARRIS	MO (4400 1145	<b>Telephone</b> (816) 632-6133	Alzheimer's Unit No
CAMERON  Mailing Address 020 NODTH HADDIS	MO 64429-1145	Level of Care: RCF	Bed Capacity 12
Mailing Address 920 NORTH HARRIS CAMERON		County CLINTON	DMH Licensed No Facility Number 18205
CAMERUN	MO 64429-1145	Region 4	Facility Number 18295

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DDICTOL MANOD OF CARROLL TON			
BRISTOL MANOR OF CARROLLTON 1016 EAST 10TH ST	Telephone	(660) 542-2349 <b>Alzheimer's</b>	Unit No
	4633-9348 Level of Care:	RCF Bed Capacit	
Mailing Address 1016 EAST 10TH ST		RROLL DMH Licens	
	4633-9348 <b>Region</b> 4	Facility Num	
	Region	1 1011107 1 1111	10310
BRISTOL MANOR OF CARTHAGE			
2131 SOUTH RIVER AVE	Telephone	(417) 358-9788 <b>Alzheimer's</b>	Unit No
CARTHAGE MO 6	4836-3350 <b>Level of Care:</b>	RCF Bed Capacit	t <b>y</b> 12
Mailing Address 2131 S RIVER AVE	County JA	SPER DMH Licens	sed Yes
CARTHAGE MO 6	4836-3350 <b>Region</b> 1	Facility Nur	<b>nber</b> 20858
DDICTOL MANOD OF CENTRALIA			
BRISTOL MANOR OF CENTRALIA 610 NORTH JEFFERSON ST	Telephone	(573) 682-5913 <b>Alzheimer's</b>	Unit No
	55240-1178 Level of Care:	RCF Bed Capacit	
Mailing Address 610 NORTH JEFFERSON ST		ONE DMH Licens	
	55240-1178 <b>Region</b> 6	Facility Nur	
	Negion o	Tucinity Ivan	10200
BRISTOL MANOR OF CLINTON			
1402 EAST FRANKLIN	Telephone	(660) 885-8391 <b>Alzheimer's</b>	Unit No
CLINTON MO 64	4735-1768 Level of Care:	RCF Bed Capacit	t <b>y</b> 12
Mailing Address 1402 EAST FRANKLIN	County HE	NRY <b>DMH Licens</b>	sed No
CLINTON MO 64	4735-1768 <b>Region</b> 1	Facility Nur	<b>nber</b> 16656
BRISTOL MANOR OF ELDON			
BRISTOL MANOR OF ELDON 1201 EAST NORTH ST	Telephone	(573) 392-1200 <b>Alzheimer's</b>	Unit No
1201 EAST NORTH ST	Telephone Uso 26-2651 Level of Care:	(573) 392-1200 Alzheimer's RCF Bed Capacit	
1201 EAST NORTH ST	5026-2651 <b>Level of Care:</b>	` '	t <b>y</b> 12
1201 EAST NORTH ST ELDON MO 6: Mailing Address 1201 EAST NORTH ST	5026-2651 <b>Level of Care:</b>	RCF Bed Capacit	ty 12 sed No
1201 EAST NORTH ST ELDON MO 65 Mailing Address 1201 EAST NORTH ST ELDON MO 65	5026-2651 Level of Care: County MI	RCF Bed Capacit LLER DMH Licens	ty 12 sed No
1201 EAST NORTH ST ELDON MO 6:  Mailing Address 1201 EAST NORTH ST ELDON MO 6:  BRISTOL MANOR OF ELSBERRY	Level of Care:   County   MI   Region   6	RCF Bed Capacit LLER DMH Licens Facility Num	sed No nber 17701
1201 EAST NORTH ST ELDON MO 6:  Mailing Address 1201 EAST NORTH ST ELDON MO 6:  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR	Level of Care: County MI Region 6  Telephone	RCF Bed Capacit LLER DMH Licens Facility Num  (573) 898-5955 Alzheimer's	ty 12 sed No nber 17701  Unit No
1201 EAST NORTH ST ELDON MO 6:  Mailing Address 1201 EAST NORTH ST ELDON MO 6:  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR ELSBERRY MO 6:	Level of Care:   County   MI	RCF Bed Capacit LLER DMH Licens Facility Num  (573) 898-5955 Alzheimer's RCF Bed Capacit	ty 12 sed No mber 17701  Unit No ty 12
ELDON MO 6.  Mailing Address 1201 EAST NORTH ST  ELDON MO 6.  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR  ELSBERRY MO 6.  Mailing Address 1402 RIVERVIEW DR	Level of Care: County MI Region 6  Telephone	RCF Bed Capacit LLER DMH Licens Facility Num  (573) 898-5955 Alzheimer's RCF Bed Capacit	ty 12 sed No nber 17701  Unit No ty 12 sed No
ELDON MO 6:  Mailing Address 1201 EAST NORTH ST  ELDON MO 6:  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR  ELSBERRY MO 6:  Mailing Address 1402 RIVERVIEW DR  ELSBERRY MO 6:	Level of Care: County MI Region 6  Telephone Level of Care: County LIN	RCF Bed Capacit DMH Licens Facility Nur  (573) 898-5955 Alzheimer's RCF Bed Capacit ICOLN DMH Licens	ty 12 sed No nber 17701  Unit No ty 12 sed No
ELDON MO 6.  Mailing Address 1201 EAST NORTH ST  ELDON MO 6.  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR ELSBERRY MO 6.  Mailing Address 1402 RIVERVIEW DR ELSBERRY MO 6.  BRISTOL MANOR OF FULTON	Level of Care:   County   MI   Region   6	RCF Bed Capacit DMH Licens Facility Nur  (573) 898-5955 RCF Bed Capacit Bed Capacit DMH Licens Facility Nur	sed No nber 17701  Unit No ty 12 sed No nber 20015
ELDON MO 6.  Mailing Address 1201 EAST NORTH ST  ELDON MO 6.  Mailing Address 1201 EAST NORTH ST  ELDON MO 6.  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR  ELSBERRY MO 6.  Mailing Address 1402 RIVERVIEW DR  ELSBERRY MO 6.  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD	Level of Care:   County   MI	RCF Bed Capacit DMH Licens Facility Num  (573) 898-5955 RCF Bed Capacit DMH Licens Facility Num  (573) 642-7557 Alzheimer's	sed No mber 17701  Unit No ty 12 sed No mber 20015  Unit No
ELDON MO 6.  Mailing Address 1201 EAST NORTH ST  ELDON MO 6.  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR ELSBERRY MO 6.  Mailing Address 1402 RIVERVIEW DR ELSBERRY MO 6.  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON MO 6.	Level of Care:   County   MI	RCF Bed Capacit DMH Licens Facility Num  (573) 898-5955 Alzheimer's RCF Bed Capacit DMH Licens Facility Num  (573) 642-7557 Alzheimer's RCF Bed Capacit	sed No nber 17701  Unit No ty 12 sed No nber 20015  Unit No ty 12 sed No nber 20015
ELDON MO 6.  Mailing Address 1201 EAST NORTH ST  ELDON MO 6.  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR ELSBERRY MO 6.  Mailing Address 1402 RIVERVIEW DR  ELSBERRY MO 6.  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON MO 6.  Mailing Address 750 SIGN PAINTER RD	Level of Care:   County   MI	RCF Bed Capacit DMH Licens Facility Num  (573) 898-5955 Alzheimer's RCF Bed Capacit DMH Licens Facility Num  (573) 642-7557 Alzheimer's RCF Bed Capacit LLAWAY DMH Licens	y 12 sed No mber 17701  Unit No ty 12 sed No mber 20015  Unit No ty 12 sed No
ELDON MO 6.  Mailing Address 1201 EAST NORTH ST  ELDON MO 6.  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR ELSBERRY MO 6.  Mailing Address 1402 RIVERVIEW DR  ELSBERRY MO 6.  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON MO 6.  Mailing Address 750 SIGN PAINTER RD	Level of Care:   County   MI	RCF Bed Capacit DMH Licens Facility Num  (573) 898-5955 Alzheimer's RCF Bed Capacit DMH Licens Facility Num  (573) 642-7557 Alzheimer's RCF Bed Capacit	y 12 sed No mber 17701  Unit No ty 12 sed No mber 20015  Unit No ty 12 sed No
ELDON MO 6.  Mailing Address 1201 EAST NORTH ST  ELDON MO 6.  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR ELSBERRY MO 6.  Mailing Address 1402 RIVERVIEW DR  ELSBERRY MO 6.  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON MO 6.  Mailing Address 750 SIGN PAINTER RD	Level of Care:   County   MI	RCF Bed Capacit DMH Licens Facility Num  (573) 898-5955 Alzheimer's RCF Bed Capacit DMH Licens Facility Num  (573) 642-7557 Alzheimer's RCF Bed Capacit LLAWAY DMH Licens	y 12 sed No mber 17701  Unit No ty 12 sed No mber 20015  Unit No ty 12 sed No
ELDON MO 6.  Mailing Address 1201 EAST NORTH ST  ELDON MO 6.  BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DR  ELSBERRY MO 6.  Mailing Address 1402 RIVERVIEW DR  ELSBERRY MO 6.  BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON MO 6.  Mailing Address 750 SIGN PAINTER RD FULTON MO 6.	Level of Care:   County   MI	RCF Bed Capacit DMH Licens Facility Num  (573) 898-5955 Alzheimer's RCF Bed Capacit DMH Licens Facility Num  (573) 642-7557 Alzheimer's RCF Bed Capacit LLAWAY DMH Licens	ty 12 sed No mber 17701  Unit No ty 12 sed No mber 20015  Unit No ty 12 sed No mber 18575
ELDON MO 6  Mailing Address 1201 EAST NORTH ST  ELDON MO 6  Mailing Address 1201 EAST NORTH ST  ELDON MO 6  BRISTOL MANOR OF ELSBERRY  1402 RIVERVIEW DR  ELSBERRY MO 6  Mailing Address 1402 RIVERVIEW DR  ELSBERRY MO 6  BRISTOL MANOR OF FULTON  750 SIGN PAINTER ROAD  FULTON MO 6  Mailing Address 750 SIGN PAINTER RD  FULTON MO 6  BRISTOL MANOR OF HOLDEN  501 WEST SECOND  HOLDEN MO 6	Level of Care:   County   MI	RCF Bed Capacit DMH Licens Facility Nur  (573) 898-5955 Alzheimer's RCF Bed Capacit DMH Licens Facility Nur  (573) 642-7557 Alzheimer's RCF Bed Capacit LLAWAY DMH Licens Facility Nur  (816) 732-6789 Alzheimer's RCF Bed Capacit	sed No nber 17701  Unit No ty 12 sed No nber 20015  Unit No ty 12 sed No nber 18575  Unit No ty 12 sed No nber 18575
ELDON MO 6  Mailing Address 1201 EAST NORTH ST  ELDON MO 6  Mailing Address 1201 EAST NORTH ST  ELDON MO 6  BRISTOL MANOR OF ELSBERRY  1402 RIVERVIEW DR  ELSBERRY MO 6  Mailing Address 1402 RIVERVIEW DR  ELSBERRY MO 6  Mailing Address 750 SIGN PAINTER RD  FULTON MO 6  Mailing Address 750 SIGN PAINTER RD  FULTON MO 6  BRISTOL MANOR OF HOLDEN  501 WEST SECOND  HOLDEN MO 6  Mailing Address 501 WEST SECOND	Level of Care:   County   MI	RCF Bed Capacit DMH Licens Facility Nur  (573) 898-5955 Alzheimer's RCF Bed Capacit DMH Licens Facility Nur  (573) 642-7557 Alzheimer's RCF Bed Capacit DMH Licens Facility Nur  (816) 732-6789 Alzheimer's	sed No mber 17701  Unit No ty 12 sed No mber 20015  Unit No ty 12 sed No mber 18575  Unit No ty 12 sed No mber 18575

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BRISTOL MANOR OF JEFFERSON CITY				
510 KENSINGTON PARK		<b>Telephone</b> (573) 761-5772	Alzheimer's Unit No	)
JEFFERSON CITY MO	65109-6247	Level of Care: RCF	Bed Capacity 12	2
Mailing Address 510 KENSINGTON PARK		County COLE	DMH Licensed No	)
JEFFERSON CITY MO	65109-6247	Region 6	Facility Number 20116	5
BRISTOL MANOR OF LAMAR				
603 EAST 17TH ST		<b>Telephone</b> (417) 682-6762	Alzheimer's Unit No	)
	64759-2303	Level of Care: RCF	Bed Capacity 12	
Mailing Address 603 EAST 17TH ST		County BARTON	DMH Licensed No	О
· ·	64759-2303	Region 1	Facility Number 1895	
	01707 2000	Region 1	Tuemey Number 1093.	L
BRISTOL MANOR OF LEXINGTON				
2615 MAIN ST		<b>Telephone</b> (660) 259-6655	Alzheimer's Unit No	
	64067-1974	Level of Care: RCF	Bed Capacity 12	
Mailing Address 2615 MAIN ST		County LAFAYETTE	DMH Licensed No	)
LEXINGTON MO	64067-1974	Region 3	Facility Number 17543	3
BRISTOL MANOR OF LINCOLN				
204 SOUTH HIGHWAY 65		<b>Telephone</b> (660) 547-2580	Alzheimer's Unit No	)
LINCOLN MO	65338-2587	Level of Care: RCF	Bed Capacity 12	2
Mailing Address 204 SOUTH HIGHWAY 65		County BENTON	DMH Licensed No	0
	65338-2587	Region 6	Facility Number 18092	2
BRISTOL MANOR OF MACON		T. I. I. (650) 205 2020		
707 RANCHLAND DR	cassa 1004	<b>Telephone</b> (660) 385-3020	Alzheimer's Unit No	
	63552-1994	Level of Care: RCF	Bed Capacity 12	
Mailing Address 707 RANCHLAND DR	cassa 1004	County MACON	DMH Licensed No	
MACON MO	63552-1994	Region 5	Facility Number 17865	)
BRISTOL MANOR OF MARCELINE				
102 EAST HAYDEN		<b>Telephone</b> (660) 376-2210	Alzheimer's Unit No	)
MARCELINE MO	64658-2003	Level of Care: RCF	Bed Capacity 12	2
Mailing Address 102 EAST HAYDEN		County LINN	DMH Licensed No	Э
MARCELINE MO	64658-2003	Region 5	Facility Number 17764	1
DDICTOL MANOD OF MADVALLE				
BRISTOL MANOR OF MARYVILLE		The Land (CCO) 592 4121	All to delta	_
323 EAST SUMMIT DR	(4469-2610	<b>Telephone</b> (660) 582-4131	Alzheimer's Unit No	
	64468-3619	Level of Care: RCF	Bed Capacity 12 DMH Licensed No.	
Mailing Address 323 EAST SUMMIT DR	(4460-2610	County NODAWAY		
MARYVILLE MO	64468-3619	Region 4	Facility Number 19843	,
BRISTOL MANOR OF MONROE CITY				
1017 EAST LAWN ST		<b>Telephone</b> (573) 735-3068	Alzheimer's Unit No	)
MONROE CITY MO	63456-1433	Level of Care: RCF	Bed Capacity 12	2
Mailing Address 1017 EAST LAWN ST		County MONROE	DMH Licensed Ye	s
MONROE CITY MO	63456-1433	Region 5	Facility Number 20045	5

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BRISTOL MANOR OF NEVADA				
401 EAST WALNUT		<b>Telephone</b> (417) 667-5700	Alzheimer's Unit No	)
NEVADA	MO 64772-2457	Level of Care: RCF	Bed Capacity 12	2
Mailing Address 401 EAST WALNUT		County VERNON	DMH Licensed Yes	š
NEVADA	MO 64772-2457	Region 1	Facility Number 18471	1
BRISTOL MANOR OF OAK GROVE	E	m 1 1 (016) (05 0601		
300 NORTH AUSTIN	N	<b>Telephone</b> (816) 625-8691	Alzheimer's Unit No	
OAK GROVE	MO 64075-8109	Level of Care: RCF	Bed Capacity 12	
Mailing Address 300 N AUSTIN	N	County JACKSON	DMH Licensed No	
OAK GROVE	MO 64075-8109	Region 3	Facility Number 16552	2
BRISTOL MANOR OF ODESSA				
115 SOUTH 5TH ST		<b>Telephone</b> (816) 633-8692	Alzheimer's Unit No	)
ODESSA	MO 64076-1330	Level of Care: RCF	Bed Capacity 12	
Mailing Address 115 S 5TH ST		County LAFAYETTE	DMH Licensed No	
ODESSA	MO 64076-1330	Region 3	Facility Number 16547	
02230.1	1120 01070 1220	Region 5	10347	
BRISTOL MANOR OF PACIFIC				
2049 ROSE LN		<b>Telephone</b> (636) 257-8020	Alzheimer's Unit No	)
PACIFIC	MO 63069-1165	Level of Care: RCF	Bed Capacity 12	2
Mailing Address 2049 ROSE LN		County FRANKLIN	DMH Licensed No.	)
PACIFIC	MO 63069-1165	Region 6	Facility Number 20237	1
BRISTOL MANOR OF PALMYRA				
1815 SOUTH MAIN		<b>Telephone</b> (573) 769-2127	Alzheimer's Unit No	)
PALMYRA	MO 63461-1961	Level of Care: RCF	Bed Capacity 12	
Mailing Address 1815 SOUTH MAIN		County MARION	DMH Licensed No	)
PALMYRA	MO 63461-1961	Region 5	Facility Number 20260	)
BRISTOL MANOR OF PLEASANT F	HILL	T. 1 . 1 (016) 007 0560		
2124 HIGHRIDGE	MO (4000 1010	<b>Telephone</b> (816) 987-2562	Alzheimer's Unit No	
PLEASANT HILL	MO 64080-1912	Level of Care: RCF	Bed Capacity 12	
Mailing Address 2124 HIGHRIDGE	NO. 64000 1012	County CASS	DMH Licensed No	
PLEASANT HILL	MO 64080-1912	Region 3	Facility Number 16538	Ś
BRISTOL MANOR OF PRINCETON	ſ			
200 NORTH FULLERTON		<b>Telephone</b> (660) 748-4354	Alzheimer's Unit No	)
PRINCETON	MO 64673-1176	Level of Care: RCF	Bed Capacity 12	2
Mailing Address 200 N FULLERTON		County MERCER	DMH Licensed No.	)
PRINCETON	MO 64673-1176	Region 4	Facility Number 18846	5
BRISTOL MANOR OF RAYMORE				
604 EAST SUNRISE DR		<b>Telephone</b> (816) 322-6782	Alzheimer's Unit No	)
RAYMORE	MO 64083-9037	Level of Care: RCF	Bed Capacity 12	
Mailing Address 604 EAST SUNRISE		County CASS	DMH Licensed No	
			***	

**Facility Number** 

19730

MO 64083-9037

RAYMORE

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BRISTOL MANOR OF REPUBLIC			
634 EAST HIGHWAY 174		<b>Telephone</b> (417) 732-8998	Alzheimer's Unit No
REPUBLIC	MO 65738-1124	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 634 EAST HWY 174		County GREENE	<b>DMH Licensed</b> No
REPUBLIC	MO 65738-1124	Region 1	Facility Number 20841
BRISTOL MANOR OF SALISBURY			
102 NORTH WILLIE ST		<b>Telephone</b> (660) 388-5728	Alzheimer's Unit No
SALISBURY	MO 65281-1458	Level of Care: RCF	Bed Capacity 12
Mailing Address 102 NORTH WILLIE		County CHARITON	DMH Licensed No
SALISBURY	MO 65281-1458	Region 5	Facility Number 18325
SALISBURI	MIO 03201-1430	Region 5	racinty Number 16323
BRISTOL MANOR OF SEDALIA			
1208 EAST 24TH ST		<b>Telephone</b> (660) 827-2028	Alzheimer's Unit No
SEDALIA	MO 65301-8231	Level of Care: RCF	Bed Capacity 12
Mailing Address 1208 EAST 24TH ST		County PETTIS	DMH Licensed No
SEDALIA	MO 65301-8231	Region 6	Facility Number 15808
BRISTOL MANOR OF SMITHVILLI	7		
1502 SOUTH COMMERCIAL	5	<b>Telephone</b> (816) 532-4490	Alzheimer's Unit No
SMITHVILLE	MO 64089-8474	Level of Care: RCF	Bed Capacity 12
Mailing Address 1502 S COMMERCIA		County CLAY	DMH Licensed No
SMITHVILLE	MO 64089-8474	Region 4	Facility Number 17515
		-10g.v.	- H-1-10
BRISTOL MANOR OF STOVER			
607 WEST 4TH ST		<b>Telephone</b> (573) 377-4519	Alzheimer's Unit No
STOVER	MO 65078-0807	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 607 WEST 4TH ST		County MORGAN	DMH Licensed No
STOVER	MO 65078-0807	Region 6	Facility Number 18863
BRISTOL MANOR OF TRENTON			
1701 EAST 28TH ST		<b>Telephone</b> (660) 359-5599	Alzheimer's Unit No
TRENTON	MO 64683-1177	Level of Care: RCF	Bed Capacity 12
Mailing Address 1701 EAST 28TH ST		County GRUNDY	<b>DMH Licensed</b> No
TRENTON	MO 64683-1177	Region 4	Facility Number 18597
BRISTOL MANOR OF UNIONVILLE	E		
715 NORTH 22ND ST, HWY 5 NORTH	Í	<b>Telephone</b> (660) 947-2151	Alzheimer's Unit No
UNIONVILLE	MO 63565-1142	Level of Care: RCF	Bed Capacity 12
Mailing Address 715 NORTH 22ND ST	r, HWY 5 NORTH	County PUTNAM	DMH Licensed No
UNIONVILLE	MO 63565-1142	Region 5	Facility Number 19153
BRISTOL MANOR OF WARRENSBU	JRG		
603 CREACH	-	<b>Telephone</b> (660) 747-8319	Alzheimer's Unit No
WARRENSBURG	MO 64093-1994	Level of Care: RCF	Bed Capacity 12
Mailing Address 603 CREACH		County JOHNSON	<b>DMH Licensed</b> No

**Facility Number** 

16599

MO 64093-1994

WARRENSBURG

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BRISTOL MANOR OF WARRENTO	N		
815 WOOLF ROAD		<b>Telephone</b> (636) 456-1437	Alzheimer's Unit No
WARRENTON	MO 63383-6184	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 815 WOOLF RD		County WARREN	<b>DMH Licensed</b> No
WARRENTON	MO 63383-6184	Region 6	Facility Number 19954
BRISTOL MANOR OF WARSAW			
1600 ESTATE DR		<b>Telephone</b> (660) 438-7173	Alzheimer's Unit No
WARSAW	MO 65355-3061	Level of Care: RCF	Bed Capacity 12
Mailing Address 1600 ESTATE DR	WIO 03333-3001	County BENTON	DMH Licensed No
WARSAW	MO 65355-3061	Region 6	
WARSAW	WO 03333-3001	Region 0	Facility Number 16343
BRISTOL MANOR OF WASHINGTO	ON	Tolonhono (626) 200 0050	Alahaimania II
100 WEST 12TH ST	NO (2000 1445	<b>Telephone</b> (636) 390-0050	Alzheimer's Unit No
WASHINGTON	MO 63090-4445	Level of Care: RCF	Bed Capacity 12
Mailing Address 100 WEST 12TH ST		County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-4445	Region 6	Facility Number 20138
BRISTOL MANOR OF WEBB CITY			
1803 NORTH MAIN, HIGHWAY D		<b>Telephone</b> (417) 673-4231	Alzheimer's Unit No
WEBB CITY	MO 64870-1193	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 1803 NORTH MAIN,		County JASPER	<b>DMH Licensed</b> No
WEBB CITY	MO 64870-1193	Region 1	Facility Number 20537
BRISTOL MANOR OF WENTZVILL	LE		
840 WEST NORTHVIEW		<b>Telephone</b> (636) 639-6777	Alzheimer's Unit No
WENTZVILLE	MO 63385-1036	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 840 W NORTHVIEW	•	County SAINT CHARLES	<b>DMH Licensed</b> No
WENTZVILLE	MO 63385-1036	Region 5	Facility Number 20397
BRISTOL MANOR OF WESTON			
178 WALNUT		<b>Telephone</b> (816) 386-5507	Alzheimer's Unit No
WESTON	MO 64098-1328	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 178 WALNUT		County PLATTE	<b>DMH Licensed</b> No
WESTON	MO 64098-1328	Region 4	Facility Number 16741
BRISTOL MANOR OF WILLARD			
511 WATSON		<b>Telephone</b> (417) 742-0090	Alzheimer's Unit No
WILLARD	MO 65781-8314	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 511 WATSON		County GREENE	<b>DMH Licensed</b> No
WILLARD	MO 65781-8314	Region 1	Facility Number 20838
<b>DDGGV</b> GVVDVM 1 GG-G	NA.		
BROOK CHERITH ASSISTED LIVIN	NG		
104 EAST ELM ST		<b>Telephone</b> (660) 277-4439	Alzheimer's Unit No
HUNTSVILLE	MO 65259-1111	Level of Care: ALF	Bed Capacity 38
Mailing Address 104 EAST ELM ST	150	County RANDOLPH	DMH Licensed Yes

**Facility Number** 

10918

MO 65259-1111

HUNTSVILLE

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BROOKDALE CREVE COEUR					
ONE NEW BALLAS PLACE		Telephone	(314) 432-5200	Alzheimer's Unit	No
	MO 63146-8700	=	ALF**	Bed Capacity	46
Mailing Address ONE NEW BALLAS Pl			T LOUIS COUNTY	DMH Licensed	No
8	MO 63146-8700	Region 7	II LOUIS COUNTI	Facility Number	26178
CREVE COLOR	NIO 03140-8700	Region /		Pacinty Number	20176
BROOKDALE WEST COUNTY					
785 HENRY AVE		Telephone	(636) 527-5700	Alzheimer's Unit	Yes
BALLWIN	MO 63011-2736	Level of Care:	ALF**	Bed Capacity	98
Mailing Address 785 HENRY AVE		County SAIN	T LOUIS COUNTY	DMH Licensed	No
BALLWIN	MO 63011-2736	Region 7		Facility Number	28149
DROOVDALE WORNALL DI ACE					
BROOKDALE WORNALL PLACE 501 WEST 107TH ST		Telephone	(816) 941-7777	Alzheimer's Unit	No
	MO 64114-5919	•	ALF**	Bed Capacity	68
Mailing Address 501 WEST 107TH ST	WO 04114-3717		KSON	DMH Licensed	No
-	MO 64114-5919	Region 3	COON	Facility Number	29304
KANSAS CITT	WIO 04114-3919	Region 3		Facility Number	29304
BROOKE HAVEN HEALTHCARE					
1410 NORTH KENTUCKY AVE		Telephone	(417) 256-7975	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-1822	Level of Care:	SNF	Bed Capacity	120
Mailing Address 1410 NORTH KENTU	CKY AVE	County HOW	ELL/	DMH Licensed	No
WEST PLAINS	MO 65775-1822	Region 2 M	edicare/Medicaid	Facility Number	06253
BROOKFIELD HEALTH CARE CENT	rfr				
215 EAST PRATT		Telephone	(660) 675-0600	Alzheimer's Unit	No
	MO 64628-1300	•	SNF	Bed Capacity	60
Mailing Address PO BOX 129		County LINN		DMH Licensed	No
-	MO 64628-0129	•	edicare/Medicaid	Facility Number	05220
DROOMHAVEN NUDCING & DEHAR					
BROOKHAVEN NURSING & REHAB 3405 WEST MT VERNON		Telephone	(417) 874-9600	Alzheimer's Unit	No
	MO 65802-5241	•	SNF	Bed Capacity	90
Mailing Address 3405 WEST MT VERN		County GREI		DMH Licensed	No
-	MO 65802-5241		edicare/Medicaid	Facility Number	09512
BROOKING PARK					
307 SOUTH WOODS MILL RD		Telephone	(314) 576-5545	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-3418		SNF	<b>Bed Capacity</b>	97
Mailing Address 307 SOUTH WOODS M	MILL RD	County SAIN	T LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-3418	Region 7 M	edicare/Medicaid	Facility Number	14661
BROOKING PARK					
307 SOUTH WOODS MILL RD		Telephone	(314) 576-5545	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-3418	-	ALF**	Bed Capacity	93
Mailing Address 307 SOUTH WOODS M	MILL RD	County SAIN	T LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-3418	Region 7		Facility Number	14661

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BROOKSIDE MANOR RESIDENTI	AL CARE, LLC			
2434 HIGHWAY H		<b>Telephone</b> (573) 756-6434	Alzheimer's Unit	No
FARMINGTON	MO 63640-7033	Level of Care: RCF*	Bed Capacity	20
Mailing Address 2434 HIGHWAY H		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-7033	Region 2	Facility Number	20034
BRUNSWICK HEALTH CARE CEN	TER LLC			
721 W HARRISON ST	TER EEC	<b>Telephone</b> (660) 548-3182	Alzheimer's Unit	No
BRUNSWICK	MO 65236-1096	Level of Care: SNF	Bed Capacity	60
Mailing Address 721 W HARRISON S		County CHARITON	DMH Licensed	No
BRUNSWICK	MO 65236-1096	Region 5 Medicare/Medicaid	Facility Number	03123
BROTISWICK	WG 05250 1070	region 5 Medical e/Medicalu	racinty (valide)	03123
BUFFALO PRAIRIE CENTER FOR	REHAB AND HEALTHCARE	m 1 1 (445) 045 540		
631 WEST MAIN ST		<b>Telephone</b> (417) 345-5422	Alzheimer's Unit	NO
BUFFALO	MO 65622-7496	Level of Care: SNF	Bed Capacity	60
Mailing Address 631 WEST MAIN ST		County DALLAS	DMH Licensed	No
BUFFALO	MO 65622-7496	Region 1 Medicare/Medicaid	Facility Number	16700
BUNGALOWS AT BRANSON MEA	DOWS, THE			
5351 GRETNA ROAD		<b>Telephone</b> (417) 334-3336	Alzheimer's Unit	No
BRANSON	MO 65616-7298	Level of Care: RCF	Bed Capacity	104
Mailing Address 5351 GRETNA RD		County TANEY	DMH Licensed	No
BRANSON	MO 65616-7298	Region 1	Facility Number	23683
BUNGALOWS AT CHESTERFIELD	O VILLAGE, THE			
2410 WEST CHESTERFIELD BLVD	•	<b>Telephone</b> (417) 886-4000	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-8631	Level of Care: RCF	Bed Capacity	92
Mailing Address 2410 W CHESTERF	IELD BLVD	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-8631	Region 1	Facility Number	22584
DINCALOWS AT NEVADA THE				
BUNGALOWS AT NEVADA, THE 640 EAST HIGHLAND		<b>Telephone</b> (417) 667-3883	Alzheimer's Unit	No
NEVADA	MO 64772-1091	Level of Care: RCF	Bed Capacity	37
Mailing Address 640 EAST HIGHLAN		County VERNON	DMH Licensed	No
NEVADA	MO 64772-1091	Region 1	Facility Number	23732
NEVADA	WIO 04772-1091	Kegion 1	racinty Number	23132
BUNGALOWS AT SPRINGFIELD E	EAST, THE			
3540 EAST CHEROKEE		<b>Telephone</b> (417) 889-2222	Alzheimer's Unit	No
SPRINGFIELD	MO 65809-2828	Level of Care: RCF	Bed Capacity	67
Mailing Address 3540 EAST CHERO	KEE	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-2828	Region 1	Facility Number	21025
BUNKER RESIDENTIAL HOME				
500 CULLER AVE		<b>Telephone</b> (573) 689-1392	Alzheimer's Unit	No
BUNKER	MO 63629-	<b>Level of Care:</b> RCF	Bed Capacity	15
Mailing Address PO BOX 276		County REYNOLDS	DMH Licensed	Yes
BUNKER	MO 63629-0276	Region 2	Facility Number	16882

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BUTLER REHAB AND HEALTHCA	ARE CENTER			
416 SOUTH HIGH ST		<b>Telephone</b> (660) 679-6158	Alzheimer's Unit	NO
BUTLER	MO 64730-1827	Level of Care: SNF	Bed Capacity	98
Mailing Address 416 SOUTH HIGH S	Т	County BATES	DMH Licensed	No
BUTLER	MO 64730-1827	Region 3 Medicare/Medicaid	Facility Number	08627
BUTTERFIELD RESIDENTIAL CA	RE CENTER			
1120 NORTH BUTTERFIELD RD	RE CENTER	<b>Telephone</b> (417) 326-5200	Alzheimer's Unit	No
BOLIVAR	MO 65613-1000	Level of Care: RCF*	Bed Capacity	66
Mailing Address 1120 N BUTTERFIE		County POLK	DMH Licensed	No
BOLIVAR	MO 65613-1000	Region 1	Facility Number	14436
Bollvine	110 05015 1000	Kegion 1	racinty rumber	14430
BUTTERFIELD RESIDENTIAL CA	RE CENTER			
1120 NORTH BUTTERFIELD RD		<b>Telephone</b> (417) 326-5200	Alzheimer's Unit	No
BOLIVAR	MO 65613-1000	Level of Care: RCF	Bed Capacity	24
Mailing Address 1120 N BUTTERFIE	ELD RD	County POLK	DMH Licensed	No
BOLIVAR	MO 65613-1000	Region 1	Facility Number	14436
BUTTERFLY HAVEN				
11500 CAMPBELL ST		<b>Telephone</b> 816-437-7102	Alzheimer's Unit	No
KANSAS CITY	MO 64131-3829	Level of Care: RCF	Bed Capacity	12
Mailing Address PO BOX 481578		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64148-1578	Region 3	Facility Number	18207
a				
CALIFORNIA CARE CENTER		m		
1106 SOUTH OAK, ROUTE 3	NO (5010 1462	<b>Telephone</b> (573) 796-3127	Alzheimer's Unit	No
CALIFORNIA	MO 65018-1462	Level of Care: SNF	Bed Capacity	60
Mailing Address 1106 SOUTH OAK, I CALIFORNIA	MO 65018-1462	County MONITEAU	DMH Licensed	No
CALIFORNIA	MO 03018-1402	Region 6 Medicare/Medicaid	Facility Number	10437
CAMDENTON WINDSOR ESTATES	S			
2042 N BUSINESS ROUTE 5		<b>Telephone</b> (573) 346-5654	Alzheimer's Unit	No
CAMDENTON	MO 65020-2611	Level of Care: SNF	Bed Capacity	82
Mailing Address 2042 N BUSINESS R	OUTE 5	County CAMDEN	DMH Licensed	No
CAMDENTON	MO 65020-2611	Region 6 Medicare/Medicaid	Facility Number	08688
CAMELOT NURSING AND REHAB	ILITATION CENTER			
705 GRAND CANYON DRIVE		<b>Telephone</b> (573) 756-8911	Alzheimer's Unit	NO
FARMINGTON	MO 63640-2161	Level of Care: SNF	Bed Capacity	97
Mailing Address 705 GRAND CANYO		County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-2161	Region 2 Medicare/Medicaid	Facility Number	00978
		g.vn - Medical c/medicalu		00710
CAMERON NURSING CENTER				
801 EUCLID AVE	3.50 5.4400 2000	<b>Telephone</b> (816) 632-7254	Alzheimer's Unit	No
CAMERON DO DOY 420	MO 64429-2003	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 438	MO (4420 0420	County CLINTON	DMH Licensed	No
CAMERON	MO 64429-0438	Region 4 Medicare/Medicaid	Facility Number	00983

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CAMPBELL HEALTHCARE & SENI	OR LIVING		
17108 US HIGHWAY 62		<b>Telephone</b> (573) 246-2155	Alzheimer's Unit Yes
CAMPBELL	MO 63933-6383	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 17108 US HWY 62		County DUNKLIN	<b>DMH Licensed</b> No
CAMPBELL	MO 63933-6383	Region 2 Medicare/Medicaid	Facility Number 02820
CAPE ALBEON			
		T-1 (626) 961 2200	Alzheimer's Unit Yes
3300 LAKE BEND DR	MO 62000 2524	<b>Telephone</b> (636) 861-3200	
VALLEY PARK	MO 63088-2524	Level of Care: ALF**	Bed Capacity 100
Mailing Address 3300 LAKE BEND DE		County SAINT LOUIS COUNTY	DMH Licensed No
VALLEY PARK	MO 63088-2524	Region 7	Facility Number 22838
CAPETOWN ASSISTED LIVING			
2857 CAPE LACROIX RD		<b>Telephone</b> (573) 334-4855	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63701-8588	Level of Care: ALF**	Bed Capacity 48
			DMH Licensed No
Mailing Address 2857 CAPE LACROIX		·	
CAPE GIRARDEAU	MO 63701-8588	Region 2	Facility Number 23989
CARE NETWORK AT LINDELL			
4336 LINDELL BLVD		<b>Telephone</b> (314) 652-4828	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2702	Level of Care: RCF*	Bed Capacity 20
Mailing Address PO BOX 525		County SAINT LOUIS CITY	DMH Licensed Yes
CUBA	MO 65453-	Region 7	Facility Number 10470
СОВА	WIO 03433-	Region /	racinty Number 10470
CARE NETWORK AT WATERMAN			
5143 WATERMAN BLVD		<b>Telephone</b> (314) 367-5620	Alzheimer's Unit No
SAINT LOUIS	MO 63108-1103	Level of Care: RCF*	Bed Capacity 40
Mailing Address 5143 WATERMAN B	LVD	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-1103	Region 7	Facility Number 02785
CARE NETWORK OF CUBA		T. 1 1 (572) 995 2661	A11
5349 HIGHWAY P	MO (5452 (201	<b>Telephone</b> (573) 885-3661	Alzheimer's Unit No
CUBA	MO 65453-6281	Level of Care: RCF*	Bed Capacity 34
Mailing Address PO BOX 647		County CRAWFORD	DMH Licensed Yes
CUBA	MO 65453-0647	Region 6	Facility Number 17894
CARE NETWORK OF GLADSTONE			
3000 NE 64TH ST		<b>Telephone</b> (816) 454-5130	Alzheimer's Unit No
GLADSTONE	MO 64119-1569	Level of Care: ALF**	Bed Capacity 60
Mailing Address 3000 NE 64TH ST	1.10 01117 1007	County CLAY	DMH Licensed No
	MO 64110 1560	·	
GLADSTONE	MO 64119-1569	Region 4	Facility Number 12510
CARE NETWORK OF PLATTE CITY	Y		
15 WALLINGFORD DR		<b>Telephone</b> (816) 858-2182	Alzheimer's Unit No
PLATTE CITY	MO 64079-9604	Level of Care: RCF*	<b>Bed Capacity</b> 30
Mailing Address 15 WALLINGFORD D	DR .	County PLATTE	<b>DMH Licensed</b> No
PLATTE CITY	MO 64079-9604	Region 4	Facility Number 13182
		~	

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CARE NETWORK OF SOUTH COUN	TY		
1204 TELEGRAPH RD		<b>Telephone</b> (314) 631-2003	Alzheimer's Unit No
	MO 63125-2528	Level of Care: RCF*	<b>Bed Capacity</b> 38
Mailing Address 1204 TELEGRAPH RD		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> Yes
SAINT LOUIS	MO 63125-2528	Region 7	Facility Number 14409
CARE NETWORK OF ST ANN			
10441 INTERNATIONAL PLAZA DR		<b>Telephone</b> (314) 423-1254	Alzheimer's Unit No
	MO 63074-1805	Level of Care: ALF	Bed Capacity 40
Mailing Address 10441 INTERNATION	AL PLAZA DR	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT ANN	MO 63074-1805	Region 7	Facility Number 21994
		S	•
CARE METAWORK OF TROM			
CARE NETWORK OF TROY		T. I. I. (626) 460 4015	A11.
350 CAP AU GRIS	MO (2270 1771	Telephone (636) 462-4915 Level of Care: RCF*	Alzheimer's Unit No Bed Capacity 23
	MO 63379-1761		
Mailing Address PO BOX 271 TROY	MO 62270 0271	•	
TROY	MO 63379-0271	Region 5	Facility Number 08129
CAREGIVERS INN			
1297 FEISE RD		<b>Telephone</b> (636) 240-7979	Alzheimer's Unit Yes
	MO 63368-6710	Level of Care: ALF**	<b>Bed Capacity</b> 30
Mailing Address 1297 FEISE RD		County SAINT CHARLES	<b>DMH Licensed</b> No
DARDENNE PRAIRIE	MO 63368-6710	Region 5	Facility Number 15342
CARL JUNCTION RESIDENTIAL CA	RE		
201 FIR RD		<b>Telephone</b> (417) 782-5659	Alzheimer's Unit No
	MO 64834-9222	Level of Care: RCF*	Bed Capacity 37
Mailing Address 201 FIR RD		County JASPER	DMH Licensed No
CARL JUNCTION	MO 64834-9222	Region 1	Facility Number 20550
CARACT WALLSTON AND A DEVI	A DAY ATT A TEXAN		
CARMEL HILLS WELLNESS & REH	ABILITATION	T 1 1 (01c) 4c1 0c00	A11
810 EAST WALNUT ST	MO (4050 4025	<b>Telephone</b> (816) 461-9600	Alzheimer's Unit Yes
	MO 64050-4025	Level of Care: SNF	Bed Capacity 194
Mailing Address 810 EAST WALNUT S INDEPENDENCE		County JACKSON	DMH Licensed No
INDEFENDENCE	MO 64050-4025	Region 3 Medicare/Medicaid	Facility Number 23422
CARNEGIE VILLAGE REHABILITA	TION & HEALTH CARE CENTER, I	LLC	
105 BERNARD DRIVE		<b>Telephone</b> (816) 348-8815	Alzheimer's Unit No
BELTON	MO 64012-6181	Level of Care: SNF	<b>Bed Capacity</b> 78
Mailing Address 105 BERNARD DRIVE	E	County CASS	<b>DMH Licensed</b> No
BELTON	MO 64012-6181	Region 3 Medicare/Medicaid	Facility Number 30531
CARNEGIE VILLAGE SENIOR LIVI	NG COMMUNITY		
103 BERNARD DR		<b>Telephone</b> (816) 322-0844	Alzheimer's Unit No
	MO 64012-6182	Level of Care: ALF**	Bed Capacity 85
Mailing Address 103 BERNARD DR		County CASS	DMH Licensed No
-	MO 64012-6182	Region 3	Facility Number 25482
DELION			

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	Non			
CARONDELET RETIREMENT MA	ANOR	The Late (214) 252 0552	AT THE STATE	NT
6811 MICHIGAN	MO (2111 2224	<b>Telephone</b> (314) 353-9552	Alzheimer's Unit	No
SAINT LOUIS	MO 63111-2834	Level of Care: RCF*	Bed Capacity	34
Mailing Address PO BOX 37073	MO (2141 1572	County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63141-1573	Region 7	Facility Number	01058
CARRIAGE RESIDENTIAL CARE	CENTER LLC			
508 NORTH WASHINGTON ST		<b>Telephone</b> (573) 756-8140	Alzheimer's Unit	No
FARMINGTON	MO 63640-1756	Level of Care: RCF*	Bed Capacity	20
Mailing Address PO BOX 272		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2	Facility Number	07824
CARRIAGE SQUARE REHAB AND	HEALTHCARE CENTER			
4009 GENE FIELD RD		<b>Telephone</b> (816) 364-1526	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-1864	Level of Care: RCF*	Bed Capacity	32
Mailing Address 4009 GENE FIELD 1		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-1864	Region 4	Facility Number	01061
		8	•	
CARRIAGE SQUARE REHAB AND	HEALTHCARE CENTER			
4009 GENE FIELD RD		<b>Telephone</b> (816) 364-1526	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-1864	Level of Care: SNF	Bed Capacity	130
Mailing Address 4009 GENE FIELD I	RD	County BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-1864	Region 4 Medicare/Medicaid	Facility Number	01061
CARRIE DUMAS LONG TERM CA	RE FACILITY			
2836 BENTON BLVD		<b>Telephone</b> (816) 924-5017	Alzheimer's Unit	No
KANSAS CITY	MO 64128-1140	Level of Care: ALF	Bed Capacity	34
Mailing Address 2836 BENTON BLV	VD	County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64128-1140	Region 3	Facility Number	18550
CARRIE ELLIGSON GIETNER HE	CALTH CARE CENTER	T-lh (214) 752 0000	A1-1	NI-
5000 SOUTH BROADWAY	MO (2111 2015	<b>Telephone</b> (314) 752-0000	Alzheimer's Unit	No
SAINT LOUIS  Mailing Address 5000 S BROADWAY	MO 63111-2015	Level of Care: SNF	Bed Capacity	130
Mailing Address 5000 S BROADWA' SAINT LOUIS	MO 63111-2015	County SAINT LOUIS CITY  Region 7 Medicare/Medicaid	DMH Licensed Facility Number	No 02877
SAINI LOUIS	MO 03111-2013	Region 7 Medicare/Medicaid	Facility Number	02877
CARROLL HOUSE				
307 GRAND		<b>Telephone</b> (660) 542-1599	Alzheimer's Unit	No
CARROLLTON	MO 64633-2265	Level of Care: SNF	<b>Bed Capacity</b>	63
Mailing Address 307 GRAND		County CARROLL	DMH Licensed	No
CARROLLTON	MO 64633-2265	Region 4 Medicare/Medicaid	Facility Number	22027
CARTHAGE HEALTH AND REHA	RILITATION CENTER			
1901 BUENA VISTA AVE	DIDITATION CENTER	<b>Telephone</b> (417) 358-1937	Alzheimer's Unit	Yes
CARTHAGE	MO 64836-3178	Level of Care: SNF	Bed Capacity	120
Mailing Address 1901 BUENA VISTA		County JASPER	DMH Licensed	No
0				
CARTHAGE	MO 64836-3178	Region 1 Medicare/Medicaid	Facility Number	12472

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CASSVILLE HEALTH CENTER FO	R REHAB AND HEALTHCARE		
1300 COUNTY FARM RD		<b>Telephone</b> (417) 847-3386	Alzheimer's Unit No
CASSVILLE	MO 65625-1726	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 1300 COUNTY FARI	M RD	County BARRY	<b>DMH Licensed</b> No
CASSVILLE	MO 65625-1726	Region 1 Medicare/Medicaid	Facility Number 01097
CASTLEWOOD SENIOR LIVING T	HE		
1538 N OLD CASTLE ROAD		<b>Telephone</b> (417) 724-8188	Alzheimer's Unit Yes
NIXA	MO 65714-9902	Level of Care: ALF**	<b>Bed Capacity</b> 66
Mailing Address 1538 N OLD CASTL	E ROAD	County CHRISTIAN	<b>DMH Licensed</b> No
NIXA	MO 65714-9902	Region 1	Facility Number 30722
CEDAR POINTE		T-1	Alabata and Tiarr
1800 WHITE COLUMNS DR		<b>Telephone</b> (573) 364-7766	Alzheimer's Unit Yes
ROLLA	MO 65401-2044	Level of Care: SNF	Bed Capacity 102
Mailing Address 1800 WHITE COLUM		County PHELPS	<b>DMH Licensed</b> No
ROLLA	MO 65401-2044	Region 6 Medicare/Medicaid	Facility Number 06801
CEDAR RIDGE CARE CENTER, LL	C		
71 SYCAMORE		<b>Telephone</b> (417) 847-5546	Alzheimer's Unit No
CASSVILLE	MO 65625-1755	Level of Care: RCF*	
	WO 03023-1733		
Mailing Address PO BOX 633	MO (5/25 0/22		
CASSVILLE	MO 65625-0633	Region 1	Facility Number 15295
CEDARGATE HEALTHCARE			
2350 KANELL BLVD		<b>Telephone</b> (573) 785-0188	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4036	Level of Care: ALF	<b>Bed Capacity</b> 16
Mailing Address 2350 KANELL BLVI		County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-4036	Region 2	Facility Number 01182
CEDARGATE HEALTHCARE		T. 1 1 (572) 705 0100	A11 ' 17''
2350 KANELL BLVD	NO 50004 4005	<b>Telephone</b> (573) 785-0188	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4036	Level of Care: SNF	Bed Capacity 108
Mailing Address 2350 KANELL BLVI		County BUTLER	<b>DMH Licensed</b> No
POPLAR BLUFF	MO 63901-4036	Region 2 Medicare/Medicaid	Facility Number 01182
CEDARHURST OF ARNOLD			
2069 MISSOURI STATE ROAD		<b>Telephone</b> (636) 333-3004	Alzheimer's Unit Yes
ARNOLD	MO 63010-4809	Level of Care: ALF**	Bed Capacity 94
Mailing Address 2069 MISSOURI STA		County JEFFERSON	DMH Licensed No
ARNOLD	MO 63010-4809	Region 2	Facility Number 32428
THE COLD	03010 1007	region 2	2 ucincy runnoci 32420
CEDARHURST OF BLUE SPRINGS			
20551 E TRINITY PLACE		<b>Telephone</b> (816) 988-4545	Alzheimer's Unit Yes
BLUE SPRINGS	MO 64015-9501	Level of Care: ALF**	<b>Bed Capacity</b> 89
Mailing Address 20551 E TRINITY PL	ACE	County JACKSON	<b>DMH Licensed</b> No
BLUE SPRINGS	MO 64015-9501	Region 3	Facility Number 31581

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CEDARHURST OF COLUMBIA			
2333 CHAPEL HILL RD	<b>Telephone</b> (573) 234-1091	Alzheimer's Unit	Yes
COLUMBIA MO 65203-1537	<b>Level of Care:</b> ALF**	Bed Capacity	127
Mailing Address 2333 CHAPEL HILL RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-1537	Region 6	Facility Number	29874
CEDARHURST OF DES PERES			
12826 DAYLIGHT CIRCLE	<b>Telephone</b> (314) 916-6614	Alzheimer's Unit	Yes
SAINT LOUIS MO 63131-1890	Level of Care: ALF**	Bed Capacity	76
Mailing Address 12826 DAYLIGHT CIRCLE	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS MO 63131-1890	Region 7	Facility Number	30351
S.M.Y. EGGED MG 53131 1070	Region /	racincy runnoci	30331
GED A DHAIRGE OF EA DAMNGTON			
CEDARHURST OF FARMINGTON 200 MAPLE VALLEY DRIVE	Tolonhone (572) 712 0150	Alahoimo-!- II:4	Yes
	<b>Telephone</b> (573) 713-9150	Alzheimer's Unit	
FARMINGTON MO 63640-7331	Level of Care: ALF**	Bed Capacity	84
Mailing Address 200 MAPLE VALLEY DRIVE	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON MO 63640-7331	Region 2	Facility Number	32159
	_		
CEDARHURST OF LEBANON ASSISTED LIVING & MEMORY CAR			
842 LYNN STREET	<b>Telephone</b> (417) 815-0122	Alzheimer's Unit	Yes
LEBANON MO 65536-3832	Level of Care: ALF**	Bed Capacity	90
Mailing Address 842 LYNN STREET	County LACLEDE	DMH Licensed	No
LEBANON MO 65536-3832	Region 1	Facility Number	31890
CEDARHURST OF SPRINGFIELD			
1146 EAST LAKEWOOD ST	<b>Telephone</b> (417) 885-9050	Alzheimer's Unit	Yes
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-2614	Level of Care: ALF**	Bed Capacity	66
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-2614 <b>Mailing Address</b> 1146 E LAKEWOOD ST	Level of Care: ALF** County GREENE	Bed Capacity DMH Licensed	
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-2614	Level of Care: ALF**	Bed Capacity	66
1146 EAST LAKEWOOD ST  SPRINGFIELD  MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD  MO 65810-2614	Level of Care: ALF** County GREENE Region 1	Bed Capacity DMH Licensed	66 No
1146 EAST LAKEWOOD ST SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF STREET AND STREET AND STREET ASSISTED LIVING & MEMORY OF STREET AND S	Level of Care: ALF** County GREENE Region 1	Bed Capacity DMH Licensed Facility Number	66 No 28295
1146 EAST LAKEWOOD ST  SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF 1800 FIRST CAPITOL DRIVE	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	66 No 28295 Yes
1146 EAST LAKEWOOD ST  SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	66 No 28295 Yes 155
1146 EAST LAKEWOOD ST  SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	66 No 28295 Yes 155 No
1146 EAST LAKEWOOD ST  SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	66 No 28295 Yes 155
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	66 No 28295 Yes 155 No
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS  12335 WEST BEND DR	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 849-1366	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS  12335 WEST BEND DR  SAINT LOUIS MO 63128-2160	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 849-1366 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS  12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  Mailing Address 12335 WEST BEND DR	Level of Care: ALF** County GREENE Region 1  CARE  Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 849-1366 Level of Care: ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS  12335 WEST BEND DR  SAINT LOUIS MO 63128-2160	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 849-1366 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS  12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  Mailing Address 12335 WEST BEND DR  SAINT LOUIS MO 63128-2160	Level of Care: ALF** County GREENE Region 1  CARE  Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 849-1366 Level of Care: ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	66 No 28295 Yes 155 No 30676
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS  12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  Mailing Address 12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  CEDARHURST OF WEST PLAINS	Level of Care: ALF** County GREENE Region 1  CARE  Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 849-1366 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676 No 108 No 13663
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS  12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  Mailing Address 12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  CEDARHURST OF WEST PLAINS  1521 US HIGHWAY 63	Level of Care: ALF** County GREENE Region 1  CARE  Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 849-1366 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676 No 108 No 13663
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS  12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  Mailing Address 12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  CEDARHURST OF WEST PLAINS  1521 US HIGHWAY 63  WEST PLAINS MO 65775-9809	Level of Care: ALF** County GREENE Region 1  CARE Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 849-1366 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 372-8940 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676 No 13663
SPRINGFIELD MO 65810-2614  Mailing Address 1146 E LAKEWOOD ST  SPRINGFIELD MO 65810-2614  CEDARHURST OF ST. CHARLES ASSISTED LIVING & MEMORY OF SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  Mailing Address 1800 FIRST CAPITOL DRIVE  SAINT CHARLES MO 63301-1646  CEDARHURST OF TESSON HEIGHTS  12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  Mailing Address 12335 WEST BEND DR  SAINT LOUIS MO 63128-2160  CEDARHURST OF WEST PLAINS  1521 US HIGHWAY 63	Level of Care: ALF** County GREENE Region 1  CARE  Telephone (636) 255-8094 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 849-1366 Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	66 No 28295 Yes 155 No 30676 No 108 No 13663

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<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CED + DC OF	DE CELEBRA			
CEDARS OF LIBERTY HEALTH CA	ARE CENTER	T. 1 (010) T01 T000		
200 WEST RUTH EWING RD		<b>Telephone</b> (816) 781-7600	Alzheimer's Unit	No
LIBERTY	MO 64068-9496	Level of Care: RCF	Bed Capacity	206
Mailing Address 200 WEST RUTH EW		County CLAY	DMH Licensed	Yes
LIBERTY	MO 64068-9496	Region 4	Facility Number	13854
CENTRAL GARDENS INC				
302 NORTH ELM ST		<b>Telephone</b> (573) 624-0011	Alzheimer's Unit	No
DEXTER	MO 63841-1773	Level of Care: RCF*	Bed Capacity	83
Mailing Address 302 NORTH ELM ST		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-1773	Region 2	<b>Facility Number</b>	18858
CENTURY PINES ASSISTED LIVIN	C.			
709 EAST MCCRACKEN RD	G	<b>Telephone</b> (417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care: ALF	Bed Capacity	80
Mailing Address 709 EAST MCCRACI			DMH Licensed	Yes
· ·				
OZARK	MO 65721-9499	Region 1	Facility Number	01200
CENTURY PINES ASSISTED LIVIN	C.			
709 EAST MCCRACKEN RD	Ur .	Tolonhono (417) 591 7079	Alahaimant- IIi4	Νīα
	MO (5721 0400	<b>Telephone</b> (417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care: ALF**	Bed Capacity	23
Mailing Address 709 EAST MCCRACI		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-9499	Region 1	Facility Number	01200
CHAFFEE NURSING CENTER		Talanhana (572) 997 2415	Alahaiman'a Unit	No
12273 STATE HIGHWAY 77	MO 22740 9210	Telephone (573) 887-3615	Alzheimer's Unit	No
12273 STATE HIGHWAY 77 CHAFFEE	MO 63740-8219	Level of Care: SNF	Bed Capacity	71
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHW	VAY 77	Level of Care: SNF County SCOTT	Bed Capacity DMH Licensed	71 No
12273 STATE HIGHWAY 77 CHAFFEE		Level of Care: SNF	Bed Capacity	71
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHV CHAFFEE	VAY 77	Level of Care: SNF County SCOTT	Bed Capacity DMH Licensed	71 No
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHV CHAFFEE CHAPTERS LIVING OF JOPLIN	VAY 77	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	71 No 13652
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHV CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN	WAY 77 MO 63740-8219	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	71 No 13652 Yes
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHV CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN	VAY 77 MO 63740-8219 MO 64801-8426	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	71 No 13652 Yes 93
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHV CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN Mailing Address 201 S NORTHPARK	MO 64801-8426 LN	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	71 No 13652 Yes 93 No
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHV CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN	VAY 77 MO 63740-8219 MO 64801-8426	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	71 No 13652 Yes 93
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHV CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN Mailing Address 201 S NORTHPARK I JOPLIN	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	71 No 13652 Yes 93 No
12273 STATE HIGHWAY 77 CHAFFEE  Mailing Address 12273 STATE HIGHWAY TO CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN  Mailing Address 201 S NORTHPARK TO JOPLIN  CHARITON PARK HEALTH CARE	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	71 No 13652 Yes 93 No 14251
12273 STATE HIGHWAY 77 CHAFFEE  Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN  Mailing Address 201 S NORTHPARK 1 JOPLIN  CHARITON PARK HEALTH CARE 902 MANOR DR	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426  CENTER	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1  Telephone (660) 388-6486	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	71 No 13652 Yes 93 No 14251
12273 STATE HIGHWAY 77 CHAFFEE  Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN  Mailing Address 201 S NORTHPARK JOPLIN  CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1  Telephone (660) 388-6486 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	71 No 13652 Yes 93 No 14251
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHV CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN Mailing Address 201 S NORTHPARK S JOPLIN  CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426  CENTER  MO 65281-1236	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1  Telephone (660) 388-6486 Level of Care: SNF County CHARITON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	71 No 13652 Yes 93 No 14251 No 120 No
12273 STATE HIGHWAY 77 CHAFFEE  Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN  Mailing Address 201 S NORTHPARK JOPLIN  CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426  CENTER	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1  Telephone (660) 388-6486 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	71 No 13652 Yes 93 No 14251
12273 STATE HIGHWAY 77 CHAFFEE Mailing Address 12273 STATE HIGHV CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN Mailing Address 201 S NORTHPARK S JOPLIN  CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY Mailing Address 902 MANOR DR	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426  CENTER  MO 65281-1236	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1  Telephone (660) 388-6486 Level of Care: SNF County CHARITON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	71 No 13652 Yes 93 No 14251 No 120 No
12273 STATE HIGHWAY 77 CHAFFEE  Mailing Address 12273 STATE HIGHY CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN  Mailing Address 201 S NORTHPARK S JOPLIN  CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY  Mailing Address 902 MANOR DR SALISBURY  CHATEAU ANN MARIE	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426  CENTER  MO 65281-1236	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1  Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	71 No 13652 Yes 93 No 14251 No 120 No
12273 STATE HIGHWAY 77 CHAFFEE  Mailing Address 12273 STATE HIGHV CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN  Mailing Address 201 S NORTHPARK I JOPLIN  CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY  Mailing Address 902 MANOR DR SALISBURY	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426  CENTER  MO 65281-1236	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1  Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid  Telephone (314) 449-1497	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	71 No 13652 Yes 93 No 14251 No 120 No 06469
12273 STATE HIGHWAY 77 CHAFFEE  Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN  Mailing Address 201 S NORTHPARK IN JOPLIN  CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY  Mailing Address 902 MANOR DR SALISBURY  CHATEAU ANN MARIE 7700 MINNESOTA AVE SAINT LOUIS	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426  CENTER  MO 65281-1236  MO 65281-1236	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1  Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid  Telephone (314) 449-1497 Level of Care: ALF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	71 No 13652 Yes 93 No 14251 No 120 No 06469
12273 STATE HIGHWAY 77 CHAFFEE  Mailing Address 12273 STATE HIGHWAY 77 CHAFFEE  CHAPTERS LIVING OF JOPLIN 201 S NORTHPARK LN JOPLIN  Mailing Address 201 S NORTHPARK IN JOPLIN  CHARITON PARK HEALTH CARE 902 MANOR DR SALISBURY  Mailing Address 902 MANOR DR SALISBURY  CHATEAU ANN MARIE 7700 MINNESOTA AVE	MO 63740-8219  MO 64801-8426 LN  MO 64801-8426  CENTER  MO 65281-1236  MO 65281-1236	Level of Care: SNF County SCOTT Region 2 Medicare/Medicaid  Telephone (630) 766-5800 Level of Care: ALF** County JASPER Region 1  Telephone (660) 388-6486 Level of Care: SNF County CHARITON Region 5 Medicare/Medicaid  Telephone (314) 449-1497	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	71 No 13652 Yes 93 No 14251 No 120 No 06469

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CHATEAU GIRARDEAU			
3120 INDEPENDENCE ST		<b>Telephone</b> (573) 335-1281	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63703-5043	Level of Care: SNF	Bed Capacity 75
Mailing Address 3120 INDEPENDEN		County CAPE GIRARDEAU	<b>DMH Licensed</b> No
CAPE GIRARDEAU	MO 63703-5043	Region 2 Medicare/Medicaid	Facility Number 01386
CHATEAU GIRARDEAU			
3120 INDEPENDENCE ST		<b>Telephone</b> (573) 335-1281	Alzheimer's Unit YES
CAPE GIRARDEAU	MO 63703-5043	Level of Care: ALF**	Bed Capacity 62
Mailing Address 3120 INDEPENDEN		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63703-5043	Region 2	Facility Number 01386
CAI E GIRARDEAU	WIO 03703-3043	Region 2	racinty Number 01360
CHEROKEE RESIDENTIAL CARE	ACQUISITION, LLC		
3409 MISSOURI AVE		<b>Telephone</b> (314) 771-8360	Alzheimer's Unit No
SAINT LOUIS	MO 63118-3236	Level of Care: RCF*	<b>Bed Capacity</b> 34
Mailing Address 3409 MISSOURI AV	Æ	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63118-3236	Region 7	Facility Number 14047
CHECTEDELE DATE AS			
CHESTERFIELD VILLAS		T. 1. 1. (62.6) 522 020.6	
14901 N OUTER 40 RD	MO (2017 (024	Telephone (636) 532-9296 Level of Care: ALF	Alzheimer's Unit No Bed Capacity 54
CHESTERFIELD	MO 63017-6034		=
Mailing Address 14901 N OUTER 40 CHESTERFIELD	MO 63017-6034	• • • •	
CHESTERFIELD	WO 03017-0034	Region 7	Facility Number 29067
CHESTNUT GLENN - ASSISTED L	IVING BY AMERICARE		
121 KLONDIKE CROSSING		<b>Telephone</b> (636) 928-4200	Alzheimer's Unit Yes
SAINT PETERS	MO 63376-5394	Level of Care: ALF**	Bed Capacity 74
Mailing Address 121 KLONDIKE CR	OSSING	County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT PETERS	MO 63376-5394	Region 5	Facility Number 25446
CHESTNUT REHAB AND NURSING	<u>a</u>		
10954 KENNERLY RD	G	<b>Telephone</b> (314) 843-4242	Alzheimer's Unit No
SAINT LOUIS	MO 63128-2018	Level of Care: SNF	Bed Capacity 167
Mailing Address 10954 KENNERLY		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-2018	Region 7 Medicare/Medicaid	Facility Number 03182
		Area on the second of the seco	
CHILLICOTHE MANOR I LLC			
1301 MONROE ST		<b>Telephone</b> (660) 646-5180	Alzheimer's Unit No
CHILLICOTHE	MO 64601-1345	Level of Care: RCF*	<b>Bed Capacity</b> 64
Mailing Address 1301 MONROE ST		County LIVINGSTON	DMH Licensed Yes
CHILLICOTHE	MO 64601-1345	Region 4	Facility Number 04632
CHRISTIAN EXTENDED CARE & 1	REHABILITATION		
11160 VILLAGE NORTH DR		<b>Telephone</b> (314) 355-8010	Alzheimer's Unit No
SAINT LOUIS	MO 63136-6159	Level of Care: SNF	Bed Capacity 60
Mailing Address 11160 VILLAGE NO	ORTH DR	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63136-6159	Region 7 Medicare/Medicaid	Facility Number 08300

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<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

CHURCHILL TERRACE - ASSISTE	D LIVING BY AMERICARE		
120 HOSPITAL DR		<b>Telephone</b> (573) 642-5222	Alzheimer's Unit No
FULTON	MO 65251-2511	Level of Care: ALF**	<b>Bed Capacity</b> 57
Mailing Address 120 HOSPITAL DR		County CALLAWAY	<b>DMH Licensed</b> No
FULTON	MO 65251-2511	Region 6	Facility Number 20783
CITIZENS MEMORIAL HEALTH C	ARE FACILITY		
1218 W LOCUST ST		<b>Telephone</b> (417) 326-7648	Alzheimer's Unit No
BOLIVAR	MO 65613-1312	Level of Care: SNF	Bed Capacity 111
Mailing Address PO BOX 590	MO 03013 1312	County POLK	DMH Licensed No
BOLIVAR	MO 65613-0590	Region 1 Medicare/Medicaid	Facility Number 00710
BOLIVIII	WO 03013 0370	Region 1 Wedicare/Wedicard	racinty (value)
CLARA MANOR NURSING HOME			
3621 WARWICK BLVD		<b>Telephone</b> (816) 756-1593	Alzheimer's Unit No
KANSAS CITY	MO 64111-1403	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 3621 WARWICK BL	VD	County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64111-1403	Region 3 Medicaid	Facility Number 14102
CLARENCE CARE CENTER			
111 EAST ST		<b>Telephone</b> (660) 699-2118	Alzheimer's Unit No
CLARENCE	MO 63437-1902	Level of Care: SNF	Bed Capacity 60
Mailing Address 111 EAST ST		County SHELBY	DMH Licensed No
CLARENCE	MO 63437-1902	Region 5 Medicare/Medicaid	Facility Number 01475
02.402.02		Region 5 Medicard/Medicard	Tuemey Ivamoer 01475
CLARENDALE CLAYTON			
7651 CLAYTON ROAD		<b>Telephone</b> (314) 390-9399	Alzheimer's Unit Yes
CLAYTON	MO 63117-1419	Level of Care: ALF**	<b>Bed Capacity</b> 98
Mailing Address 7651 CLAYTON ROA		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
CLAYTON	MO 63117-1419	Region 7	Facility Number 32528
CLARENDALE OF ST PETERS			
10 DUBRAY DRIVE		<b>Telephone</b> (636)706-5100	Alzheimer's Unit Yes
SAINT PETERS	MO 63376-3558	Level of Care: ALF**	Bed Capacity 110
Mailing Address 10 DUBRAY DRIVE		County SAINT CHARLES	DMH Licensed No
SAINT PETERS	MO 63376-3558	Region 5	Facility Number 32095
CLARK CARE CENTER - ONE			
1505 EAST ASHLAND ST		<b>Telephone</b> (417) 667-3900	Alzheimer's Unit No
NEVADA	MO 64772-4025	Level of Care: RCF*	
	1410 04772-4023		
Mailing Address PO BOX 246	MO (4770 0046	County VERNON	
NEVADA	MO 64772-0246	Region 1	Facility Number 20206
CLARK COUNTY NURSING HOME			
1260 N JOHNSON ST		<b>Telephone</b> (660) 727-3303	Alzheimer's Unit No
KAHOKA	MO 63445-1100	Level of Care: SNF	<b>Bed Capacity</b> 103
Mailing Address 1260 N JOHNSON ST		County CLARK	<b>DMH Licensed</b> No
KAHOKA	MO 63445-1100	Region 5 Medicare/Medicaid	Facility Number 01480

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CLARK'S MOUNTAIN NURSING C	ENTED			
2100 BARNES	ENTER	<b>Telephone</b> (573) 223-4297	Alzheimer's Unit	No
PIEDMONT	MO 63957-1008	Level of Care: SNF		91
	WO 03937-1008		Bed Capacity	
Mailing Address 2100 BARNES	MO (2057 1000		DMH Licensed	No
PIEDMONT	MO 63957-1008	Region 2 Medicare/Medicaid	Facility Number	01496
CLARU DEVILLE NURSING CENT	ER			
105 SPRUCE ST	EK	<b>Telephone</b> (573) 783-3993	Alzheimer's Unit	Yes
FREDERICKTOWN	MO 63645-1002	Level of Care: SNF	Bed Capacity	90
Mailing Address 105 SPRUCE ST	WO 03043-1002	County MADISON	DMH Licensed	No
-	MO 62645 1002	•		
FREDERICKTOWN	MO 63645-1002	Region 2 Medicare/Medicaid	Facility Number	17527
CLEARVIEW NURSING CENTER				
430 SALCEDO ROAD		<b>Telephone</b> (573) 471-2565	Alzheimer's Unit	No
SIKESTON	MO 63801-4802	Level of Care: SNF	Bed Capacity	98
Mailing Address PO BOX 707		County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-0707	Region 2 Medicare/Medicaid	Facility Number	19913
CLINTON HEALTHCARE AND RE	HABILITATION CENTER			
1009 EAST OHIO		<b>Telephone</b> (660) 885-5571	Alzheimer's Unit	No
CLINTON	MO 64735-2455	Level of Care: SNF	Bed Capacity	120
Mailing Address 1009 EAST OHIO		County HENRY	DMH Licensed	No
CLINTON	MO 64735-2455	Region 1 Medicare/Medicaid	Facility Number	01318
COATES STREET COMFORT HOU	ISE			
612 WEST COATES ST	,,,,,	<b>Telephone</b> (660) 263-6759	Alzheimer's Unit	No
MOBERLY	MO 65270-1319	Level of Care: RCF	Bed Capacity	20
Mailing Address PO BOX 781	1410 03270 1317	County RANDOLPH	DMH Licensed	Yes
MOBERLY	MO 65270-0781	·		
MOBERLY	MO 63270-0781	Region 5	Facility Number	08220
COLLIER CARE HOME, INC				
3001 NW VESPER ST		<b>Telephone</b> (816) 225-9317	Alzheimer's Unit	No
BLUE SPRINGS	MO (4015 2104	T L C D CD'	P 10 1	
	MO 64015-3104	Level of Care: RCF*	Bed Capacity	15
Mailing Address 3001 NW VESPER S		County JACKSON	Bed Capacity  DMH Licensed	15 Yes
Mailing Address 3001 NW VESPER S BLUE SPRINGS				
BLUE SPRINGS	T	County JACKSON	DMH Licensed	Yes
BLUE SPRINGS  COLLINS HOUSE, THE	T	County JACKSON Region 3	DMH Licensed Facility Number	Yes 01591
COLLINS HOUSE, THE 102 COLLINS RD	MO 64015-3104	County JACKSON Region 3  Telephone (314) 749-0986	DMH Licensed Facility Number  Alzheimer's Unit	Yes 01591 NO
COLLINS HOUSE, THE 102 COLLINS RD FESTUS	T	County JACKSON Region 3  Telephone (314) 749-0986 Level of Care: ALF**	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 01591 NO 8
COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD	MO 64015-3104 MO 63028-	County JACKSON Region 3  Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 01591 NO 8 No
COLLINS HOUSE, THE 102 COLLINS RD FESTUS	MO 64015-3104	County JACKSON Region 3  Telephone (314) 749-0986 Level of Care: ALF**	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 01591 NO 8
COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD	MO 64015-3104 MO 63028-	County JACKSON Region 3  Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 01591 NO 8 No
COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD FESTUS	MO 64015-3104 MO 63028-	County JACKSON Region 3  Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 01591 NO 8 No
COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD FESTUS COLONIAL HOME, THE	MO 64015-3104 MO 63028-	County JACKSON Region 3  Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON Region 2	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 01591 NO 8 No 33443
COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD FESTUS  COLONIAL HOME, THE 102 SUMMIT ST	MO 64015-3104  MO 63028-  MO 63028-	County JACKSON Region 3  Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON Region 2  Telephone (573) 996-4283	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 01591 NO 8 No 33443
COLLINS HOUSE, THE 102 COLLINS RD FESTUS Mailing Address 102 COLLINS RD FESTUS  COLONIAL HOME, THE 102 SUMMIT ST DONIPHAN	MO 64015-3104  MO 63028-  MO 63028-	County JACKSON Region 3  Telephone (314) 749-0986 Level of Care: ALF** County JEFFERSON Region 2  Telephone (573) 996-4283 Level of Care: ALF**	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 01591 NO 8 No 33443

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COLONIAL HOUSE OF FESTUS II 129 GRAY ST		<b>Telephone</b> (636) 465-0994	Alzheimer's Unit	No
FESTUS	MO 63028-1950	Level of Care: RCF	Bed Capacity	20
Mailing Address 129 GRAY ST	1410 03028-1730	County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-1950	Region 2	Facility Number	07322
120100	3.44 00020 1700	Region 2	Tuesday Tvalliser	0,322
COLONIAL MANOR, LLC				
907 WEST MALONE ST		<b>Telephone</b> (573) 471-5541	Alzheimer's Unit	No
SIKESTON	MO 63801-2425	Level of Care: ALF	Bed Capacity	20
Mailing Address 907 WEST MALON	E ST	County SCOTT	DMH Licensed	Yes
SIKESTON	MO 63801-2425	Region 2	Facility Number	13255
COLONIAL RESIDENTIAL CARE	EACH ITV II			
1162 CEDAR ST	FACILITY II	<b>Telephone</b> (573) 734-2846	Alzheimer's Unit	No
BISMARCK	MO 63624-8920	Level of Care: RCF*	Bed Capacity	48
Mailing Address PO BOX 134	110 03021 0720	County SAINT FRANCOIS	DMH Licensed	Yes
MOUNTAIN GROVE	MO 65711-0134	Region 2	Facility Number	01693
		<b>g</b>	·	
COLONIAL SPRINGS HEALTHCA	RE CENTER			
750 W COOPER ST		<b>Telephone</b> (417) 345-2228	Alzheimer's Unit	Yes
BUFFALO	MO 65622-8662	Level of Care: SNF	Bed Capacity	134
Mailing Address PO BOX 978		County DALLAS	DMH Licensed	No
BUFFALO	MO 65622-0978	Region 1 Medicare/Medicaid	Facility Number	01302
COLONY POINTE-ASSISTED LIVE	ING BY AMERICARE			
1510 CHAPEL HILL RD				
1310 CILLI EE THEE RD		<b>Telephone</b> (573) 234-1193	Alzheimer's Unit	Yes
COLUMBIA	MO 65203-5457	Telephone (573) 234-1193 Level of Care: ALF**	Alzheimer's Unit Bed Capacity	Yes 59
		- · · · · · · · · · · · · · · · · · · ·		
COLUMBIA		Level of Care: ALF**	Bed Capacity	59
COLUMBIA  Mailing Address 1510 CHAPEL HILL  COLUMBIA	ARD MO 65203-5457	Level of Care: ALF** County BOONE	Bed Capacity DMH Licensed	59 No
COLUMBIA  Mailing Address 1510 CHAPEL HILL  COLUMBIA  COLUMBIA MANOR HEALTH & I	ARD MO 65203-5457	Level of Care: ALF** County BOONE Region 6	Bed Capacity DMH Licensed Facility Number	59 No 28191
COLUMBIA  Mailing Address 1510 CHAPEL HILL  COLUMBIA  COLUMBIA MANOR HEALTH & 1  2012 E. NIFONG BLVD	MO 65203-5457  REHABILITATION	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	59 No 28191 No
COLUMBIA  Mailing Address 1510 CHAPEL HILL  COLUMBIA  COLUMBIA MANOR HEALTH & 1  2012 E. NIFONG BLVD  COLUMBIA	MO 65203-5457  REHABILITATION  MO 65201-3874	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	59 No 28191 No 52
COLUMBIA  Mailing Address 1510 CHAPEL HILL  COLUMBIA  COLUMBIA MANOR HEALTH & 1  2012 E. NIFONG BLVD	MO 65203-5457  REHABILITATION  MO 65201-3874	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	59 No 28191 No
COLUMBIA  Mailing Address 1510 CHAPEL HILL  COLUMBIA  COLUMBIA MANOR HEALTH & I  2012 E. NIFONG BLVD  COLUMBIA  Mailing Address 2012 E. NIFONG BI	MO 65203-5457  REHABILITATION  MO 65201-3874	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	59 No 28191 No 52 No
COLUMBIA  Mailing Address 1510 CHAPEL HILL  COLUMBIA  COLUMBIA MANOR HEALTH & I  2012 E. NIFONG BLVD  COLUMBIA  Mailing Address 2012 E. NIFONG BI	MO 65203-5457  REHABILITATION  MO 65201-3874	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	59 No 28191 No 52 No
COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA  COLUMBIA MANOR HEALTH & D 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA  COLUMBIA COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE	MO 65203-5457  REHABILITATION  MO 65201-3874  LVD  MO 65201-3874	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 397-7144	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	59 No 28191 No 52 No 01715
COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA  COLUMBIA MANOR HEALTH & 1 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA  COLUMBIA COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA	MO 65203-5457  REHABILITATION  MO 65201-3874  VD  MO 65201-3874  MO 65201-6584	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 397-7144 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	59 No 28191 No 52 No 01715
COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA  COLUMBIA MANOR HEALTH & 1 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA  COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA Mailing Address 3535 BERRYWOOD	MO 65201-3874 MO 65201-3874 MO 65201-3874 MO 65201-3874 D DRIVE	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 397-7144 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	59 No 28191 No 52 No 01715
COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA  COLUMBIA MANOR HEALTH & 1 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA  COLUMBIA COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA	MO 65203-5457  REHABILITATION  MO 65201-3874  VD  MO 65201-3874  MO 65201-6584	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 397-7144 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	59 No 28191 No 52 No 01715
COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA  COLUMBIA MANOR HEALTH & 1 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA  COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA Mailing Address 3535 BERRYWOOD	MO 65201-3874 MO 65201-3874 WD MO 65201-3874 MO 65201-6584 D DRIVE MO 65201-6584	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 397-7144 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	59 No 28191 No 52 No 01715
COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA  COLUMBIA MANOR HEALTH & 1 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA  COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA Mailing Address 3535 BERRYWOOD COLUMBIA	MO 65201-3874 MO 65201-3874 WD MO 65201-3874 MO 65201-6584 D DRIVE MO 65201-6584	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 397-7144 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	59 No 28191 No 52 No 01715
COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA  COLUMBIA MANOR HEALTH & 1 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA  COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA Mailing Address 3535 BERRYWOOD COLUMBIA  COLUMBIA COLUMBIA COLUMBIA COLUMBIA	MO 65201-3874 MO 65201-3874 WD MO 65201-3874 MO 65201-6584 D DRIVE MO 65201-6584	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 397-7144 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	59 No 28191 No 52 No 01715
COLUMBIA Mailing Address 1510 CHAPEL HILL COLUMBIA  COLUMBIA MANOR HEALTH & 1 2012 E. NIFONG BLVD COLUMBIA Mailing Address 2012 E. NIFONG BL COLUMBIA  COLUMBIA POST ACUTE 3535 BERRYWOOD DRIVE COLUMBIA Mailing Address 3535 BERRYWOOD COLUMBIA  COLUMBIA	MO 65203-5457  REHABILITATION  MO 65201-3874  VD  MO 65201-3874  MO 65201-6584  D DRIVE  MO 65201-6584  AL CARE CENTER LLC	Level of Care: ALF** County BOONE Region 6  Telephone (573) 449-1246 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 397-7144 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 756-7481	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	59 No 28191 No 52 No 01715 No 70 No 30959

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COMMUNITIES OF WILDWOOD R	ANCH		
3222 SOUTH JOHN DUFFY DR		<b>Telephone</b> (417) 621-0175	Alzheimer's Unit No
JOPLIN	MO 64804-1569	Level of Care: SNF	<b>Bed Capacity</b> 120
Mailing Address 3222 SOUTH JOHN I	DUFFY DR	County JASPER	<b>DMH Licensed</b> No
JOPLIN	MO 64804-1569	Region 1 Medicare/Medicaid	Facility Number 29077
COMMUNITY MANOR			
		T-11 (572) 756 9009	Al-Laimanta II-i4 No
783 WEBER ROAD	MO (2640 2210	<b>Telephone</b> (573) 756-8998	Alzheimer's Unit No
FARMINGTON	MO 63640-3318	Level of Care: SNF	Bed Capacity 99
Mailing Address 783 WEBER RD		County SAINT FRANCOIS	DMH Licensed No
FARMINGTON	MO 63640-3318	Region 2 Medicare/Medicaid	Facility Number 13887
COMMUNITY OF AUTUMN COURT	T AT MT VERNON, THE		
1421 S LANDRUM ST		<b>Telephone</b> (417) 466-3549	Alzheimer's Unit No
MOUNT VERNON	MO 65712-1912	Level of Care: ALF**	<b>Bed Capacity</b> 34
Mailing Address 1421 S LANDRUM S	T	County LAWRENCE	<b>DMH Licensed</b> No
MOUNT VERNON	MO 65712-1912	Region 1	Facility Number 20809
COMMUNITY SPRINGS HEALTHC	ARE FACILITY		
400 EAST HOSPITAL RD		<b>Telephone</b> (417) 876-2531	Alzheimer's Unit Yes
EL DORADO SPRINGS	MO 64744-2024	Level of Care: SNF	Bed Capacity 120
Mailing Address 400 EAST HOSPITAL	L RD	County CEDAR	DMH Licensed No
EL DORADO SPRINGS	MO 64744-2024	Region 1 Medicare/Medicaid	Facility Number 01740
		Region 1 Wicultary Micultaru	Tuemey Number 01740
CONVERSE HOME			
17025 OLD JAMESTOWN RD		Telephone (214) 255 9041	Alzheimer's Unit No
	MO (2024 1414	<b>Telephone</b> (314) 355-8041	
FLORISSANT	MO 63034-1414	Level of Care: RCF	Bed Capacity 12
Mailing Address 17025 OLD JAMESTO		County SAINT LOUIS COUNTY	DMH Licensed Yes
FLORISSANT	MO 63034-1414	Region 7	Facility Number 01777
COOPER HOUSE		T. I	
4385 MARYLAND AVE		<b>Telephone</b> (314) 535-1919	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2703	Level of Care: RCF*	<b>Bed Capacity</b> 36
Mailing Address 4385 MARYLAND A		County SAINT LOUIS CITY	<b>DMH Licensed</b> Yes
SAINT LOUIS	MO 63108-2703	Region 7	Facility Number 21439
COPPER ROCK HEALTHCARE			
712 COPPER ROCK DRIVE		<b>Telephone</b> (417) 202-4606	Alzheimer's Unit No
ROGERSVILLE	MO 65742-8970	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address PO BOX 560		County WEBSTER	DMH Licensed No
ROGERSVILLE	MO 65742-8970	Region 1 Medicare/Medicaid	Facility Number 31851
CORNERSTONE LIVING CENTER			
533 E CANNAN RD		<b>Telephone</b> (573) 764-5141	Alzheimer's Unit NO
GERALD	MO 63037-2515	Level of Care: ALF**	<b>Bed Capacity</b> 60
Mailing Address 533 E CANNAN RD		County FRANKLIN	DMH Licensed No
GERALD	MO 63037-2515	Region 6	Facility Number 13926
	· · · · · · · · · · · · · · · · · · ·	8	13720

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COTTAGE AT CENTURY PINES, T	ГНЕ			
707 EAST MCCRACKEN ROAD		<b>Telephone</b> (417) 551-4608	Alzheimer's Unit Yo	
OZARK	MO 65721-9499	Level of Care: ALF**		24
Mailing Address 709 EAST MCCRAO	CKEN ROAD	County CHRISTIAN	DMH Licensed	Vо
OZARK	MO 65721-9499	Region 1	Facility Number 3057	79
COTTAGES OF LAKE ST LOUIS				
2885 TECHNOLOGY DRIVE		<b>Telephone</b> (636) 614-3510	Alzheimer's Unit	lo.
LAKE SAINT LOUIS	MO 63367-4123	Level of Care: SNF	Bed Capacity	60
Mailing Address 2885 TECHNOLOG	Y DRIVE	County SAINT CHARLES		Vо
LAKE SAINT LOUIS	MO 63367-4123	Region 5 Medicare	Facility Number 3031	
COTTON POINT LIVING CENTER	•			
609 SOUTH RAILROAD ST	•	<b>Telephone</b> (573) 471-7861	Alzheimer's Unit Y	es
MATTHEWS	MO 63867-9751	Level of Care: SNF		98
Mailing Address 609 SOUTH RAILR		County NEW MADRID		Vo.
MATTHEWS	MO 63867-9751	Region 2 Medicare/Medicaid	Facility Number 0705	
THE THE WO	110 03007 7731	Region 2 Medicare/Medicard	Tuenty Number 0705	,
COUNTRY AIRE ESTATES, LLC				
49303 RENSSELAER LN		<b>Telephone</b> (573) 221-5400	Alzheimer's Unit	lо
HANNIBAL	MO 63401-7356	Level of Care: RCF*	Bed Capacity	16
Mailing Address 49303 RENSSELAE	R LN	County RALLS	DMH Licensed Y	es
HANNIBAL	MO 63401-7356	Region 5	Facility Number 1427	70
COUNTRY AIRE RETIREMENT C	ENTER			
18540 STATE HIGHWAY 16		<b>Telephone</b> (417) 847-3386	Alzheimer's Unit	lo.
LEWISTOWN	MO 63452-2111	Level of Care: SNF		60
Mailing Address 18540 STATE HIGH	IWAY 16	County LEWIS	• •	Vо
LEWISTOWN	MO 63452-2111	Region 5 Medicare/Medicaid	Facility Number 1689	96
COUNTRY AIRE RETIREMENT C	ENTER			
18540 STATE HIGHWAY 16		<b>Telephone</b> (417) 847-3386		10
LEWISTOWN	MO 63452-2111	Level of Care: RCF*	Bed Capacity	8
Mailing Address 18540 STATE HIGH		County LEWIS		No.
LEWISTOWN	MO 63452-2111	Region 5	Facility Number 1689	96
COUNTRY CLUB REHAB AND HE	CALTHCARE CENTER			
503 REGENT DR		<b>Telephone</b> (660) 429-4444	Alzheimer's Unit	Ю
WARRENSBURG	MO 64093-3231	Level of Care: ALF**	Bed Capacity	36
Mailing Address 503 REGENT DR		County JOHNSON	DMH Licensed N	Vо
WARRENSBURG	MO 64093-3231	Region 3	Facility Number 2089	92
COUNTRY CLUB REHAB AND HE	ALTHCARE CENTER			
503 REGENT DR		<b>Telephone</b> (660) 429-4444	Alzheimer's Unit	lo.
WARRENSBURG	MO 64093-3231	Level of Care: SNF		73
Mailing Address 503 REGENT DR		County JOHNSON		Vо
WARRENSBURG	MO 64093-3231	Region 3 Medicare/Medicaid	Facility Number 2089	92

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COUNTRY LIVING ASSISTED LIVIN	NG			
2820 NORTH MAIN ST	150	<b>Telephone</b> (417) 926-1955		No.
MOUNTAIN GROVE	MO 65711-1403	Level of Care: ALF		40
Mailing Address 2820 NORTH MAIN S		County WRIGHT		Vо
MOUNTAIN GROVE	MO 65711-1403	Region 1	Facility Number 2754	48
COUNTRY MEADOWS				
1301 N ST JOE DR		<b>Telephone</b> (573) 431-2889	Alzheimer's Unit	Vо
PARK HILLS	MO 63601-1965	Level of Care: ALF		15
Mailing Address 1301 N ST JOE DR	MO 03001-1903	County SAINT FRANCOIS	=	No
PARK HILLS	MO 63601-1965	•		
PARK HILLS	MO 03001-1903	Region 2	Facility Number 1444	43
COUNTRY MEADOWS				
1301 N ST JOE DR		<b>Telephone</b> (573) 431-2889	Alzheimer's Unit	No
PARK HILLS	MO 63601-1965	Level of Care: SNF	Bed Capacity	72
Mailing Address 1301 N ST JOE DR		County SAINT FRANCOIS	= '	Vо
PARK HILLS	MO 63601-1965	Region 2 Medicare/Medicaid	Facility Number 1444	43
COUNTRY PLACE				
28601 US HIGHWAY 61		<b>Telephone</b> (573) 264-1555		Vo
SCOTT CITY	MO 63780-9143	Level of Care: ALF		24
Mailing Address 28601 US HIGHWAY		County SCOTT		Vо
SCOTT CITY	MO 63780-9143	Region 2	Facility Number 2593	34
COUNTRY VIEW NURSING				
COUNTRY VIEW NURSING 2106 WEST MAIN ST		<b>Telephone</b> (573) 324-2216	Alzheimer's Unit	No.
2106 WEST MAIN ST	MO 63334-1049	Telephone (573) 324-2216 Level of Care: SNF		No 60
2106 WEST MAIN ST BOWLING GREEN	MO 63334-1049	Level of Care: SNF	Bed Capacity	No 60 No
2106 WEST MAIN ST	MO 63334-1049 MO 63334-0330	Level of Care: SNF	Bed Capacity	60 No
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330		Level of Care: SNF County PIKE	Bed Capacity  DMH Licensed	60 No
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN COUNTRYSIDE CARE CENTER, LL	MO 63334-0330	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid	Bed Capacity  DMH Licensed  Facility Number 1499	60 No 26
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER	MO 63334-0330 C	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040	Bed Capacity  DMH Licensed  Facility Number  Alzheimer's Unit	60 No 26 No
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT	MO 63334-0330	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF*	Bed Capacity  DMH Licensed  Facility Number  1492  Alzheimer's Unit  Bed Capacity	60 No 26 No 33
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434	MO 63334-0330 C MO 65708-8266	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY	Bed Capacity  DMH Licensed  Facility Number  Alzheimer's Unit  Bed Capacity  DMH Licensed  Y	60 No 26 No 33 es
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT	MO 63334-0330 C	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF*	Bed Capacity  DMH Licensed  Facility Number  1492  Alzheimer's Unit  Bed Capacity	60 No 26 No 33 es
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434	MO 63334-0330 C MO 65708-8266	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY	Bed Capacity  DMH Licensed  Facility Number  Alzheimer's Unit  Bed Capacity  DMH Licensed  Y	60 No 26 No 33 es
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT	MO 63334-0330 C MO 65708-8266	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Y Facility Number  1273	60 No 26 No 33 es
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT  COUNTRYSIDE ESTATES	MO 63334-0330 C MO 65708-8266	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Y Facility Number  1273	60 No 226 No 333 Fes 337
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT  COUNTRYSIDE ESTATES 500 NORTH OHIO	MO 63334-0330  C  MO 65708-8266  MO 65708-0434	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1  Telephone (660) 476-2128	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  1273  Alzheimer's Unit Bed Capacity	60 No 226 No 333 res 337
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY	MO 63334-0330  C  MO 65708-8266  MO 65708-0434	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1  Telephone (660) 476-2128 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  1273  Alzheimer's Unit Bed Capacity	60 No 226 No 33 Ses 337
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98	MO 63334-0330  C  MO 65708-8266  MO 65708-0434  MO 64724-1625	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1  Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Alzheimer's Unit Bed Capacity	60 No 226 No 33 Ses 337
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE HOME, LLC	MO 63334-0330  C  MO 65708-8266  MO 65708-0434  MO 64724-1625	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1  Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 226 No 333 Fes 337 No 224 No 05
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE HOME, LLC 24499 PARK DR	MO 63334-0330  C  MO 65708-8266  MO 65708-0434  MO 64724-1625  MO 64724-0098	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1  Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR Region 1  Telephone (417) 532-7418	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 226 No 333 Fes 337 No 224 No 05
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE HOME, LLC 24499 PARK DR LEBANON	MO 63334-0330  C  MO 65708-8266  MO 65708-0434  MO 64724-1625	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1  Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR Region 1  Telephone (417) 532-7418 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 226 No 33 Ses 337 No 24 No 05
2106 WEST MAIN ST BOWLING GREEN Mailing Address PO BOX 330 BOWLING GREEN  COUNTRYSIDE CARE CENTER, LL 385 SOUTH EISENHOWER MONETT Mailing Address PO BOX 434 MONETT  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE HOME, LLC 24499 PARK DR	MO 63334-0330  C  MO 65708-8266  MO 65708-0434  MO 64724-1625  MO 64724-0098	Level of Care: SNF County PIKE Region 5 Medicare/Medicaid  Telephone (417) 235-4040 Level of Care: RCF* County BARRY Region 1  Telephone (660) 476-2128 Level of Care: RCF* County SAINT CLAIR Region 1  Telephone (417) 532-7418	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 226 No 33 Fes 337 No 224 No 05 No 220 Fes Ses Ses Ses Ses Ses Ses Ses Ses Ses S

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COUNTRYSIDE VILLAGE ASSISTE	D LIVING FACILITY LLC		
300 WEST FAIRVIEW STREET		<b>Telephone</b> (660) 535-2011	Alzheimer's Unit No
KING CITY	MO 64463-9606	Level of Care: ALF**	<b>Bed Capacity</b> 24
Mailing Address 300 WEST FAIRVIEW	/ STREET	County GENTRY	<b>DMH Licensed</b> No
KING CITY	MO 64463-9606	Region 4	Facility Number 04305
CRAB APPLE VILLAGE SENIOR ES	STATES		
214 HARTMAN PL, SUITE 100	MO (2077 2450	<b>Telephone</b> (636) 629-6161	Alzheimer's Unit Yes
SAINT CLAIR	MO 63077-2458	Level of Care: ALF**	Bed Capacity 65
Mailing Address 214 HARTMAN PL, S		County FRANKLIN	DMH Licensed No
SAINT CLAIR	MO 63077-2458	Region 6	Facility Number 24395
CRANE RESIDENTIAL CARE HOMI	E		
102 EAST LILLIAN AVE.		<b>Telephone</b> (417) 723-5900	Alzheimer's Unit No
CRANE	MO 65633-9103	Level of Care: RCF	<b>Bed Capacity</b> 36
Mailing Address 102 EAST LILLIAN A	VE.	County STONE	DMH Licensed Yes
CRANE	MO 65633-9103	Region 1	Facility Number 01898
			•
CRAWFORD RANCH BOARDING HO	OME, LLC		
2200 VARVERA RD		<b>Telephone</b> (573) 756-4656	Alzheimer's Unit No
DOE RUN	MO 63637-3121	Level of Care: RCF*	<b>Bed Capacity</b> 32
Mailing Address 2200 VARVERA RD		County SAINT FRANCOIS	<b>DMH Licensed</b> Yes
DOE RUN	MO 63637-3121	Region 2	Facility Number 13193
CRESTVIEW HOME			
1313 SOUTH 25TH ST		<b>Telephone</b> (660) 425-3128	Alzheimer's Unit No
BETHANY	MO 64424-2634	Level of Care: SNF	Bed Capacity 92
Mailing Address PO BOX 430		County HARRISON	DMH Licensed No
BETHANY	MO 64424-0430	Region 4 Medicare/Medicaid	Facility Number 01936
CRESTWOOD HEALTH CARE CEN	TER, LLC		
11400 MEHL AVE		<b>Telephone</b> (314) 741-3525	Alzheimer's Unit No
FLORISSANT	MO 63033-7204	Level of Care: SNF	Bed Capacity 150
Mailing Address 11400 MEHL AVE		County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63033-7204	Region 7 Medicare/Medicaid	Facility Number 14296
CREVE COEUR ASSISTED LIVING	AND MEMORY CARE		
693 DECKER LN		<b>Telephone</b> (314) 997-4532	Alzheimer's Unit Yes
CREVE COEUR	MO 63141-7127	Level of Care: ALF**	Bed Capacity 110
Mailing Address 693 DECKER LANE		County SAINT LOUIS COUNTY	DMH Licensed No
CREVE COEUR	MO 63141-7127	Region 7	Facility Number 29440
Cherre Court Maryon			
CREVE COEUR MANOR		Tolonhono (214) 424 9261	Alghaiman's IInit
1127 TIMBER RUN DR SAINT LOUIS	MO 63146 4482	Telephone (314) 434-8361 Level of Care: SNF	Alzheimer's Unit No
	MO 63146-4482		Bed Capacity 149 DMH Licensed No
Mailing Address 1127 TIMBER RUN D SAINT LOUIS		·	
SAINI LOUIS	MO 63146-4482	Region 7 Medicare/Medicaid	Facility Number 02417

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CROSS CREEK AT LEE'S SUMMIT	,			
3320 NE WILSHIRE DR		<b>Telephone</b> (816) 607-5700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64064-2077	Level of Care: ALF**	Bed Capacity	55
Mailing Address 3320 NE WILSHIRE		County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64064-2077	Region 3	Facility Number	30996
EEE S SCIMIT	110 01001 2077	Region 5	ruemey rumber	30770
CROWLEY RIDGE CARE CENTER	1			
1204 NORTH OUTER RD		<b>Telephone</b> (573) 624-5557	Alzheimer's Unit	Yes
DEXTER	MO 63841-8684	Level of Care: SNF	Bed Capacity	90
Mailing Address PO BOX 668		County STODDARD	DMH Licensed	No
DEXTER	MO 63841-0668	Region 2 Medicare/Medicaid	Facility Number	12667
CROWN REHAB AND HEALTHCA	RF CENTER			
3001 EAST ELM	LL ODITIER	<b>Telephone</b> (816) 380-6525	Alzheimer's Unit	No
HARRISONVILLE	MO 64701-1196	Level of Care: SNF	Bed Capacity	118
Mailing Address 3001 EAST ELM	WIO 04701 1170	County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-1196	Region 3 Medicare/Medicaid	Facility Number	21031
THICKISOTVILLE	1410 04701 1170	Region 5 Medical e/Medicalu	racincy rumber	21031
CRYSTAL OAKS				
1500 CALVARY CHURCH RD		<b>Telephone</b> (636) 933-1818	Alzheimer's Unit	Yes
FESTUS	MO 63028-4125	Level of Care: ALF**	Bed Capacity	60
Mailing Address 1500 CALVARY CH	URCH RD	<b>County</b> JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-4125	Region 2	Facility Number	99932
CRYSTAL OAKS				
1500 CALVARY CHURCH RD		<b>Telephone</b> (636) 933-1818	Alzheimer's Unit	Yes
FESTUS	MO 63028-4125	Level of Care: SNF	Bed Capacity	131
Mailing Address 1500 CALVARY CH		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-4125	Region 2 Medicare/Medicaid	Facility Number	99932
restus	WO 03028-4123	Region 2 Medicare/Medicaid	Facinity Number	99932
CUBA MANOR, INC				
210 ELDON DR		<b>Telephone</b> (573) 885-4500	Alzheimer's Unit	No
CUBA	MO 65453-1642	Level of Care: SNF	Bed Capacity	90
Mailing Address 210 ELDON DR		County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-1642	Region 6 Medicare/Medicaid	Facility Number	21149
CURRENT RIVER NURSING CENT	ER. INC			
1015 NORTH GRAND AVE	, <del></del> , ~	<b>Telephone</b> (573) 996-4239	Alzheimer's Unit	Yes
DONIPHAN	MO 63935-1779	Level of Care: SNF	Bed Capacity	120
Mailing Address 1015 NORTH GRAN		County RIPLEY	DMH Licensed	No
DONIPHAN	MO 63935-1779	Region 2 Medicare/Medicaid	Facility Number	17125
DOMETICAL	03/33 111/	Megion 2 Medical e/Medicald	raciney runnoci	1/143
CYPRESS POINT - SKILLED NURS	ING BY AMERICARE			
801 BAILIFF DR		<b>Telephone</b> (573) 624-8908	Alzheimer's Unit	No
DEXTER	MO 63841-9500	Level of Care: SNF	Bed Capacity	79
DEXTER  Mailing Address 801 BAILIFF DR  DEXTER	MO 63841-9500 MO 63841-9500	Level of Care: SNF  County STODDARD  Region 2 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	79 No 08315

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DAVIESS COUNTY NURSING AND REH	ABILITATION		
1337 WEST GRAND		<b>Telephone</b> (660) 663-2197	Alzheimer's Unit Yes
	0 64640-8320	Level of Care: SNF	<b>Bed Capacity</b> 97
Mailing Address 1337 WEST GRAND		County DAVIESS	<b>DMH Licensed</b> No
GALLATIN MC	0 64640-8320	Region 4 Medicare/Medicaid	Facility Number 02032
DAYBREAK NURSING CENTER			
410 H ROAD		<b>Telephone</b> (573) 471-7683	Alzheimer's Unit No
	0 63801-5350	Level of Care: SNF	Bed Capacity 70
Mailing Address 410 H ROAD	05001 5550	County SCOTT	DMH Licensed No
_	63801-0430	Region 2 Medicare/Medicaid	Facility Number 11496
DEL HAVEN MANOR			
DELHAVEN MANOR		Talanhana (214) 261 2002	Alabaiman's Unit
5460 DELMAR BLVD	63112-3104	Telephone (314) 361-2902 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 156
	0 63112-3104		
Mailing Address 5460 DELMAR BLVD	62112 2104	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS MC	0 63112-3104	Region 7 Medicare/Medicaid	Facility Number 02089
DELMAR GARDENS NORTH			
4401 PARKER ROAD		<b>Telephone</b> (314) 355-1516	Alzheimer's Unit Yes
BLACK JACK MC	63033-4266	Level of Care: SNF	<b>Bed Capacity</b> 240
Mailing Address 4401 PARKER ROAD		County SAINT LOUIS COUNTY	DMH Licensed No
_	63033-4266	Region 7 Medicare/Medicaid	Facility Number 14093
			·
DELMAR GARDENS OF CHESTERFIEL	D		
14855 NORTH OUTER 40 RD		<b>Telephone</b> (636) 532-0150	Alzheimer's Unit Yes
CHESTERFIELD MC	63017-2026	Level of Care: SNF	Bed Capacity 237
Mailing Address 14855 NORTH OUTER 40	RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
CHESTERFIELD MC	63017-2026	Region 7 Medicare/Medicaid	Facility Number 02111
DELMAR GARDENS OF CREVE COEUR	•		
850 COUNTRY MANOR LN	•	<b>Telephone</b> (314) 434-5900	Alzheimer's Unit No
	63141-6651	Level of Care: SNF	Bed Capacity 148
Mailing Address 850 COUNTRY MANOR I		County SAINT LOUIS COUNTY	• •
_	0 63141-6651	Region 7 Medicare/Medicaid	Facility Number 01830
ond 12 coden	00111 0001	Region / Medicard/Medicard	Tuesting Training 01050
DELMAR GARDENS OF MERAMEC VA	LLEY		
1 ARBOR TERRACE		<b>Telephone</b> (636) 343-0016	Alzheimer's Unit Yes
FENTON MC	63026-3900	Level of Care: SNF	<b>Bed Capacity</b> 190
Mailing Address 1 ARBOR TERRACE		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
FENTON MC	0 63026-3900	Region 7 Medicare/Medicaid	Facility Number 13468
DELMAR GARDENS OF O'FALLON			
7068 SOUTH OUTER 364		<b>Telephone</b> (636) 240-6100	Alzheimer's Unit Yes
	63368-7757	Level of Care: SNF	<b>Bed Capacity</b> 240
Mailing Address 7068 SOUTH OUTER 364		County SAINT CHARLES	DMH Licensed No
O'FALLON MC	63368-7757	Region 5 Medicare/Medicaid	Facility Number 24291

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DELMAR GARDENS ON THE GREE	EN	T. 1 (626) 204 7515	A3.3.4. 1.87.4/ 55	
15197 CLAYTON RD	NO 52045 5040	<b>Telephone</b> (636) 394-7515		10
CHESTERFIELD	MO 63017-7048	Level of Care: SNF		30
Mailing Address 15197 CLAYTON RD		County SAINT LOUIS COUNTY		1o
CHESTERFIELD	MO 63017-7048	Region 7 Medicare/Medicaid	Facility Number 0151	15
DELMAR GARDENS SOUTH				
5300 BUTLER HILL ROAD		<b>Telephone</b> (314) 842-0588	Alzheimer's Unit Ye	es
SAINT LOUIS	MO 63128-4152	Level of Care: SNF		50
Mailing Address 5300 BUTLER HILL I		County SAINT LOUIS COUNTY		lo lo
SAINT LOUIS	MO 63128-4152	Region 7 Medicare/Medicaid	Facility Number 1290	
SARVI LOUIS	WIO 03120-4132	Region / Wedicare/Medicald	racinty Number 1290	19
DELMAR GARDENS WEST				
13550 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 878-1330	Alzheimer's Unit	lo
TOWN AND COUNTRY	MO 63017-5812	Level of Care: SNF	Bed Capacity 32	21
Mailing Address 13550 SOUTH OUTE	R 40 RD	County SAINT LOUIS COUNTY	DMH Licensed N	lо
TOWN AND COUNTRY	MO 63017-5812	Region 7 Medicare/Medicaid	Facility Number 0212	20
DELTA SOUTH NURSING & REHAI				
640 COLONEL GEORGE E DAY PARK		<b>Telephone</b> (573) 471-3400	Alzheimer's Unit N	
SIKESTON	MO 63801-0624	Level of Care: SNF	=	50
Mailing Address 640 COLONEL GEOF		County NEW MADRID		No.
SIKESTON	MO 63801-0624	Region 2 Medicare/Medicaid	Facility Number 3058	34
DIANA'S BOARDING HOME 1, INC				
15432 STATE HIGHWAY M		<b>Telephone</b> (573) 866-2010	Alzheimer's Unit	lо
MARBLE HILL	MO 63764-7487	Level of Care: RCF	Bed Capacity 2	20
Mailing Address 15431 STATE HIGHV	VAY M	County BOLLINGER		es
MARBLE HILL	MO 63764-7487	Region 2	Facility Number 1112	23
DIANA'S BOARDING HOME 2				
25140 BUZZARD DR		<b>Telephone</b> (573) 238-3344		Ю
MARBLE HILL	MO 63764-9408	Level of Care: RCF		40
Mailing Address HC 64, BOX 4677		County BOLLINGER	DMH Licensed You	es
MARBLE HILL	MO 63764-9408	Region 2	Facility Number 2394	10
DIXON NURSING & REHAB				
403 EAST 10TH ST		<b>Telephone</b> (573) 759-2135	Alzheimer's Unit N	O
DIXON	MO 65459-6049	Level of Care: SNF		50
Mailing Address 403 EAST 10TH ST	1110 03 137 00 17	County PULASKI		No.
DIXON	MO 65459-6049	Region 6 Medicare/Medicaid	Facility Number 1551	
	05757 0077	Medical chieffical	2 ucincy 1 (united 1551	· U
DOLAN MEMORY CARE AT CALA	IS			
1225 TENNANT RD		<b>Telephone</b> (314) 993-9500	Alzheimer's Unit Yo	es
SAINT LOUIS	MO 63146-5523	Level of Care: ALF**	Bed Capacity 4	14
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed N	Ю
SAINT LOUIS	MO 63146-	Region 7	Facility Number 2775	55

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DOLAN MEMORY CARE AT CONW	<b>YAY</b>			
12550 CONWAY RD		<b>Telephone</b> (314) 576-3998	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-8613	Level of Care: ALF**	Bed Capacity	9
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed	No
ST LOUIS	MO 63146-	Region 7	Facility Number 2	22648
DOLAN MEMORY CARE AT EDON	PIED			
DOLAN MEMORY CARE AT FRONT 11566 FRONTIER DR	HEK	T-1 (214) 002 0500	A 1-1	Vas
SAINT LOUIS	MO 63146-4873	Telephone (314) 993-9500 Level of Care: ALF**	Alzheimer's Unit	Yes 20
Mailing Address 11300 DOLAN WAY	MO 03140-4873	County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	No
ST LOUIS	MO 63146-4907			
ST LOUIS	MO 03140-4907	Region 7	Facility Number 2	25162
DOLAN MEMORY CARE AT MASON	N MANOR			
12740 MASON MANOR		<b>Telephone</b> (314) 576-6200	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63141-7350	Level of Care: ALF**	Bed Capacity	8
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63146-	Region 7	Facility Number 1	9861
DOLAN MEMORY CARE AT SCHUR	ETZ			
1706 SCHUETZ RD		<b>Telephone</b> (314) 989-1782	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63146-4931	Level of Care: ALF**	Bed Capacity	10
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63146-	Region 7	Facility Number 2	23805
DOLAN MEMORY CARE AT WATE	RFORD CROSSING			
11350 DOLAN WAY		<b>Telephone</b> (314) 993-9500	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63146-5533	Level of Care: ALF**	Bed Capacity	88
Mailing Address 11300 DOLAN WAY		County SAINT LOUIS COUNTY	DMH Licensed	No
ST LOUIS	MO 63006-	Region 7	Facility Number 3	31366
DOUGHERTY FERRY ASSISTED LI	VING & MEMORY CARE			
2929 DOUGHERTY FERRY RD		<b>Telephone</b> (636) 825-6665	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63122-3368	Level of Care: ALF**	Bed Capacity	110
Mailing Address 2929 DOUGHERTY F		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63122-3368	Region 7	Facility Number 3	80034
DUMINI DUMINI HOLIGE LL G				
DUNN-DUNN HOUSE LLC				
2133 JANNETTE DR	1.0	<b>Telephone</b> (314) 869-2431	Alzheimer's Unit	No
SAINT LOUIS	MO 63136-4020	Level of Care: RCF	Bed Capacity	10
Mailing Address 2133 JANNETTE DR		County SAINT LOUIS COUNTY	DMH Licensed	Yes
SAINT LOUIS	MO 63136-4020	Region 7	Facility Number 1	4694
E W THOMBSON HEAT THE O DELLA	DII ITATION CENTED			
E W THOMPSON HEALTH & REHA	DILITATION CENTER	Tolonhono (660) 951 0669	Alzheimer's Unit	Yes
975 MITCHELL ROAD SEDALIA	MO 65301-2133	Telephone (660) 851-0668 Level of Care: SNF	Bed Capacity	66
Mailing Address 975 MITCHELL ROAL		County PETTIS	DMH Licensed	No
SEDALIA	MO 65201 2122	Date 6 M. Para (Market)		100

Medicare/Medicaid

**Facility Number** 

30182

MO 65301-2133

SEDALIA

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EASTVIEW MANOR CARE CENTE	R		
1622 EAST 28TH ST		<b>Telephone</b> (660) 359-2251	Alzheimer's Unit No
TRENTON	MO 64683-1104	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 1622 EAST 28TH ST		County GRUNDY	<b>DMH Licensed</b> No
TRENTON	MO 64683-1104	Region 4 Medicare/Medicaid	Facility Number 18267
EDGEWOOD MANOR HEALTH CA	DE CENTED		
11900 JESSICA LN	RE CENTER	<b>Telephone</b> (816) 358-7858	Alzheimer's Unit No
RAYTOWN	MO 64138-2649	Level of Care: SNF	Bed Capacity 91
Mailing Address 11900 JESSICA LN	Me 01130 2019	County JACKSON	DMH Licensed No
RAYTOWN	MO 64138-2649	Region 3 Medicare/Medicaid	Facility Number 14119
EL DORADO SPRINGS RESIDENTI	AL CADE		
805 NORTH JACKSON ST	AL CARE	<b>Telephone</b> (417) 876-4278	Alzheimer's Unit No
EL DORADO SPRINGS	MO 64744-2912	Level of Care: RCF	Bed Capacity 60
Mailing Address 805 NORTH JACKSO		County CEDAR	DMH Licensed Yes
EL DORADO SPRINGS	MO 64744-2912	Region 1	Facility Number 12621
EL DORADO SI KINGS	WO 04744-2912	Region 1	racinty Number 12021
ELDON NURSING & REHAB			
1001 E NORTH ST		<b>Telephone</b> (573) 392-3164	Alzheimer's Unit Yes
ELDON	MO 65026-2634	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 1001 E NORTH ST		County MILLER	<b>DMH Licensed</b> No
ELDON	MO 65026-2634	Region 6 Medicare/Medicaid	Facility Number 06139
ELIZABETH HOUSE		Talanhana (214) 200 8814	Alabaiman's Unit
12284 DE PAUL DR	MO 63044-2508	Telephone (314) 209-8814 Level of Care: SNF	Alzheimer's Unit No
BRIDGETON  Moiling Address 12284 DE DALII DE	MO 03044-2308		Bed Capacity 36  DMH Licensed No
Mailing Address 12284 DE PAUL DR BRIDGETON	MO 63044-2508		
BRIDGETON	MO 03044-2308	Region 7	Facility Number 22316
ELLISVILLE REHABILITATION A	ND NURSING		
322 OLD STATE ROAD		<b>Telephone</b> (636) 227-3431	Alzheimer's Unit Yes
ELLISVILLE	MO 63021-5917	Level of Care: SNF	<b>Bed Capacity</b> 210
Mailing Address 322 OLD STATE RO.	AD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
ELLISVILLE	MO 63021-5917	Region 7 Medicare/Medicaid	Facility Number 15226
ELSBERRY MISSOURI HEALTH C	ARE CENTER		
1827 HIGHWAY B	Carla and	<b>Telephone</b> (573) 898-2880	Alzheimer's Unit No
ELSBERRY	MO 63343-3126	Level of Care: SNF	Bed Capacity 56
Mailing Address 1827 HWY B		County LINCOLN	DMH Licensed No
ELSBERRY	MO 63343-3126	Region 5 Medicare/Medicaid	Facility Number 02336
	- 000 to 0120	- Interical Contentalu	_ nemy 1.mmer 02330
ELSBERRY MISSOURI HEALTH C	ARE CENTER INC		
1827 HIGHWAY B		<b>Telephone</b> (573) 898-2880	Alzheimer's Unit NO
ELSBERRY	MO 63343-3126	Level of Care: ALF**	Bed Capacity 12
Mailing Address 1827 HIGHWAY B		County LINCOLN	DMH Licensed No
ELSBERRY	MO 63343-3126	Region 5	Facility Number 02336

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EQUILIBRIUM RANCH			
81 PILKENTON LN		<b>Telephone</b> (573) 885-6443	Alzheimer's Unit No
CUBA	MO 65453-8136	Level of Care: RCF	Bed Capacity 19
Mailing Address 81 PILKENTON LN	5.50 60 60 610 6	County CRAWFORD	DMH Licensed No
CUBA	MO 65453-8136	Region 6	Facility Number 15026
CC2/1	110 03 133 0130	Region 0	ruemey Number 13020
ESSEX BY BRISTOL, THE			
301 EAST 3RD		<b>Telephone</b> (660) 829-1758	Alzheimer's Unit No
SEDALIA	MO 65301-4335	Level of Care: RCF	Bed Capacity 24
Mailing Address 301 EAST 3RD		County PETTIS	DMH Licensed No
SEDALIA	MO 65301-4335	Region 6	Facility Number 23020
ESSEX OF CONCORDIA, THE			
402 REDBUD		<b>Telephone</b> (660) 463-0200	Alzheimer's Unit No
CONCORDIA	MO 64020-8358	Level of Care: RCF	Bed Capacity 12
Mailing Address 402 REDBUD	1410 04020 0330	County LAFAYETTE	DMH Licensed No
CONCORDIA	MO 64020-8358	Region 3	Facility Number 24461
CONCORDIN	110 04020 0330	Region 5	24401
ESSEX OF GRAIN VALLEY, THE			
401 SOUTHWEST ROCK CREEK LN		<b>Telephone</b> (816) 443-3992	Alzheimer's Unit No
GRAIN VALLEY	MO 64029-8460	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 401 SOUTHWEST RO	OCK CREEK LN	County JACKSON	<b>DMH Licensed</b> No
GRAIN VALLEY	MO 64029-8460	Region 3	Facility Number 24475
ESSEX OF LEBANON, THE			
1316 DEADRA DR		<b>Telephone</b> (417) 532-4863	Alzheimer's Unit No
LEBANON	MO 65536-4609	Level of Care: RCF	<b>Bed Capacity</b> 12
Mailing Address 1316 DEADRA DR		County LACLEDE	DMH Licensed No
LEBANON	MO 65536-4609	Region 1	Facility Number 24257
ESSEX OF MEXICO, THE			
1109 OLD FARM RD WEST		<b>Telephone</b> (573) 581-5223	Alzheimer's Unit No
MEXICO	MO 65265-3250	Level of Care: RCF	Bed Capacity 12
Mailing Address 1109 OLD FARM RD		County AUDRAIN	DMH Licensed No
MEXICO	MO 65265-3250	Region 5	Facility Number 24425
ECCEV OF OZADE THE			
ESSEX OF OZARK, THE		TD 1 . 1	AT T. C
5173 NORTH 22ND	MO (5721 7627	<b>Telephone</b> (417) 485-4185	Alzheimer's Unit No
OZARK	MO 65721-7637	Level of Care: RCF	Bed Capacity 12
Mailing Address 5173 NORTH 22ND	MO (5721 7627	County CHRISTIAN	DMH Licensed No
OZARK	MO 65721-7637	Region 1	Facility Number 24318
ESTATES OF HIDDEN LAKE THE			
11728 HIDDEN LAKE DR		<b>Telephone</b> (314) 355-8833	Alzheimer's Unit NO
SAINT LOUIS	MO 63138-1757	Level of Care: ALF**	<b>Bed Capacity</b> 38
Mailing Address 11728 HIDDEN LAK		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63138-1757	Region 7	Facility Number 18442

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ESTATES OF HIDDEN LAKE THE			
11728 HIDDEN LAKE DR		<b>Telephone</b> (314) 355-8833	Alzheimer's Unit NO
SAINT LOUIS M	O 63138-1757	Level of Care: SNF	<b>Bed Capacity</b> 67
Mailing Address 11728 HIDDEN LAKE DI	R	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS M	O 63138-1757	Region 7 Medicare/Medicaid	Facility Number 18442
ESTATES OF HIDDEN LAKE THE			
11728 HIDDEN LAKE DR		<b>Telephone</b> (314) 355-8833	Alzheimer's Unit NO
	O 63138-1757	Level of Care: ALF	Bed Capacity 38
Mailing Address 11728 HIDDEN LAKE DI		County SAINT LOUIS COUNTY	DMH Licensed No
8	O 63138-1757	Region 7	Facility Number 18442
5.11(1) 20015	0 00100 1707	Region	10442
ESTATES OF PERRYVILLE, LLC, THE	2		
430 NORTH WEST ST		<b>Telephone</b> (573) 547-1011	Alzheimer's Unit No
	O 63775-1359	Level of Care: SNF	Bed Capacity 156
Mailing Address 430 NORTH WEST ST		County PERRY	<b>DMH Licensed</b> No
PERRYVILLE M	O 63775-1359	Region 2 Medicare/Medicaid	Facility Number 00137
ESTATES OF SPANISH LAKE, THE			
610 PRIGGE ROAD		<b>Telephone</b> (314) 741-9393	Alzheimer's Unit No
SAINT LOUIS M	O 63138-3543	Level of Care: SNF	Bed Capacity 150
Mailing Address 610 PRIGGE ROAD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS M	O 63138-3543	Region 7 Medicare/Medicaid	Facility Number 15265
		C	
ESTATES OF ST LOUIS, LLC, THE		<b>T.</b> 1 (211) 0.7 7.17	
2115 KAPPEL DR	0. 50405 4445	<b>Telephone</b> (314) 867-7474	Alzheimer's Unit No
	O 63136-4115	Level of Care: SNF	Bed Capacity 94
Mailing Address 2115 KAPPEL DR	0 (010) 1115	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS M	O 63136-4115	Region 7 Medicare/Medicaid	Facility Number 05340
FAIR VIEW HEALTH CARE CENTER			
1714 W 16TH ST		<b>Telephone</b> (660) 827-1594	Alzheimer's Unit No
SEDALIA M	O 65301-5273	Level of Care: SNF	<b>Bed Capacity</b> 75
Mailing Address 1714 W 16TH ST		County PETTIS	DMH Licensed No
SEDALIA M	O 65301-5273	Region 6 Medicare/Medicaid	Facility Number 02469
FAIRMONT ON CLAYTON			
7920 CLAYTON ROAD		<b>Telephone</b> (314) 646-7600	Alzheimer's Unit Yes
	O 63117-1327	Telephone (314) 646-7600 Level of Care: ICF	
	0 03117-1327		
Mailing Address 7920 CLAYTON ROAD	O 62117 1227		
RICHMOND HEIGHTS M	O 63117-1327	Region 7	Facility Number 24149
FAMILY COUNSELING CENTER INC			
18408 WAYNE ROUTE D		<b>Telephone</b> (573) 222-8676	Alzheimer's Unit No
WAPPAPELLO M	O 63966-	Level of Care: RCF*	<b>Bed Capacity</b> 27
Mailing Address 18408 WAYNE ROUTE I		County WAYNE	<b>DMH Licensed</b> Yes
WAPPAPELLO M	O 63966-	Region 2	Facility Number 23584

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FAMILY PARTNERS MANCHESTER, LLC	1,			
351 FOREST SUMMIT COURT		<b>Telephone</b> (314) 686-4468	Alzheimer's Unit	Yes
MANCHESTER MO	63021-5509	Level of Care: ALF**	Bed Capacity	42
Mailing Address 351 FOREST SUMMIT COU	RT	County SAINT LOUIS COUNTY	DMH Licensed	No
MANCHESTER MO	63021-5509	Region 7	Facility Number 3	2473
FARMINGTON ASSISTED LIVING CENTE	PLIC			
2879 US HIGHWAY 67	ER LLC	<b>Telephone</b> (573) 756-7566	Alzheimer's Unit	No
	63640-9168	Level of Care: ALF	Bed Capacity	70
Mailing Address 2879 US HWY 67	03040-7100	County SAINT FRANCOIS	DMH Licensed	Yes
8	63640-9168	Region 2		5140
TARWINGTON	03040-7100	Region 2	racinty Number	3140
FARMINGTON PRESBYTERIAN MANOR				
500 CAYCE ST		<b>Telephone</b> (573) 756-6768	Alzheimer's Unit	Yes
	63640-2910	Level of Care: SNF	Bed Capacity	90
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON MO (	63640-2910	Region 2 Medicare/Medicaid	Facility Number 0	6181
FARMINGTON PRESBYTERIAN MANOR				
500 CAYCE ST		<b>Telephone</b> (573) 756-6768	Alzheimer's Unit	No
FARMINGTON MO (	63640-2910	Level of Care: RCF	Bed Capacity	60
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON MO (	63640-2910	Region 2	Facility Number 0	6181
FARMINGTON PRESBYTERIAN MANOR				
500 CAYCE ST		<b>Telephone</b> (573) 756-6768	Alzheimer's Unit	No
	63640-2910	Level of Care: ALF	Bed Capacity	60
Mailing Address 500 CAYCE ST		County SAINT FRANCOIS	DMH Licensed	No
_	63640-2910	Region 2		6181
		8	•	
PERMITAL EL ING				
FERNDALE, INC		T. 1 (572) 265 2244	A11	N.T.
15677 COUNTY RD 2430	C5550 9210	<b>Telephone</b> (573) 265-3344	Alzheimer's Unit	No
	65559-8210	Level of Care: ALF	Bed Capacity DMH Licensed	32
Mailing Address 15677 COUNTY RD 2430	CEEE0 9210	County PHELPS		Yes
SAINT JAMES MO	65559-8210	Region 6	Facility Number 0	2526
FESTUS MANOR				
627 WESTWOOD DR S		<b>Telephone</b> (636) 931-9066	Alzheimer's Unit	No
FESTUS MO 6	63028-2062	Level of Care: SNF	Bed Capacity	150
Mailing Address 627 WESTWOOD DR S		County JEFFERSON	DMH Licensed	No
FESTUS MO (	63028-2062	Region 2	Facility Number 0	2546
FIELD POINTE ASSISTED LIVING BY AM	IERICARE			
5002 GENE FIELD ROAD		<b>Telephone</b> (816) 688-4001	Alzheimer's Unit	Yes
SAINT JOSEPH MO	64506-2056	Level of Care: ALF**	Bed Capacity	65
Mailing Address 5002 GENE FIELD ROAD		County BUCHANAN	DMH Licensed	No
SAINT JOSEPH MO	64506-2056	Region 4	Facility Number 3	2538
		=		

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FIESER NURSING CENTER				
404 MAIN ST		<b>Telephone</b> (636) 343-4344	Alzheimer's Unit	No
FENTON	MO 63026-4107	Level of Care: SNF	Bed Capacity	60
Mailing Address 404 MAIN ST		County SAINT LOUIS COUNTY	DMH Licensed	No
FENTON	MO 63026-4107	Region 7 Medicaid	Facility Number	02569
		5	•	
FLORISSANT VALLEY HEALTH &	REHABILITATION CENTER	m 1 1 (214) 020 (555		
1200 GRAHAM RD	MO (2021 0015	<b>Telephone</b> (314) 838-6555	Alzheimer's Unit	No
FLORISSANT	MO 63031-8015	Level of Care: SNF	Bed Capacity	98
Mailing Address 1200 GRAHAM RD	MO (2021 0015	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63031-8015	Region 7 Medicare/Medicaid	Facility Number	00154
FORSYTH CARE CENTER		m 1 1 (415) 547 7005	411	* T
477 COY BLVD	1.0 (5.00 5.00	<b>Telephone</b> (417) 546-6337	Alzheimer's Unit	No
FORSYTH	MO 65653-5132	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 640	NO 65653 0640	County TANEY	DMH Licensed	No
FORSYTH	MO 65653-0640	Region 1 Medicare/Medicaid	Facility Number	18870
FOUNTAINBLEAU LODGE		m 1 1 (572) 225 1000		N.T.
2001 NORTH KINGSHIGHWAY	MO (2701 2102	<b>Telephone</b> (573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-2193	Level of Care: ALF	Bed Capacity	56
Mailing Address 2001 NORTH KINGS		County CAPE GIRARDEAU	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-2193	Region 2	Facility Number	12751
EQUINDA INDI EALLI ODGE				
FOUNTAINBLEAU LODGE 2001 NORTH KINGSHIGHWAY		Tolonhous (572) 225 1000	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-2193	Telephone (573) 335-1999 Level of Care: SNF		No 33
Mailing Address 2001 NORTH KINGS		County CAPE GIRARDEAU	Bed Capacity DMH Licensed	No
CAPE GIRARDEAU	MO 63701-2193	•	Facility Number	
CAPE GIRARDEAU	MO 03/01-2193	Region 2 Medicare/Medicaid	racinty Number	12751
FOUNTAINBLEAU NURSING CENT	ΓER			
1349 HIGHWAY 61		<b>Telephone</b> (636) 937-3500	Alzheimer's Unit	No
FESTUS	MO 63028-4107	Level of Care: SNF	Bed Capacity	106
Mailing Address PO BOX 700		County JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-0700	Region 2 Medicare/Medicaid	Facility Number	17080
		8	•	
FOUNTAINS OF WEST COUNTY A	L, LLC THE			
15822 CLAYTON RD		<b>Telephone</b> (636) 220-1660	Alzheimer's Unit	Yes
ELLISVILLE	MO 63011-2240	Level of Care: ALF**	Bed Capacity	80
Mailing Address 15822 CLAYTON RD		County SAINT LOUIS COUNTY	DMH Licensed	No
ELLISVILLE	MO 63011-2240	Region 7	Facility Number	29435
		-	-	
FOUR SEASONS ASSISTED LIVING	j			
230 RAILROAD ST		<b>Telephone</b> (636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care: ALF	<b>Bed Capacity</b>	30
Mailing Address 230 RAILROAD ST		County LINCOLN	DMH Licensed	Yes

**Facility Number** 

02624

MO 63362-1600

MOSCOW MILLS

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FOUR SEASONS LIVING CENTER			
2800 HIGHWAY TT		<b>Telephone</b> (660) 826-8803	Alzheimer's Unit Yes
SEDALIA	MO 65301-1410	Level of Care: SNF	Bed Capacity 239
Mailing Address 2800 HIGHWAY TT	150	County PETTIS	DMH Licensed No
SEDALIA	MO 65301-1410	Region 6 Medicare/Medicaid	Facility Number 00836
EOUD CEACONC DOE I			
FOUR SEASONS RCF I 220 RAILROAD ST		T-l (626) 266 4021	Alzheimer's Unit No
MOSCOW MILLS	MO 63362-1600	Telephone (636) 366-4231 Level of Care: RCF	
Mailing Address 230 RAILROAD ST	MO 05302-1000		Bed Capacity 23 DMH Licensed Yes
MOSCOW MILLS	MO 63362-1600		
MOSCOW MILLS	WO 03302-1000	Region 5	Facility Number 02624
FOXBERRY TERRACE - ASSISTED	LIVING BY AMERICARE		
4316 NORTH ST LOUIS AVE		<b>Telephone</b> (417) 625-1000	Alzheimer's Unit Yes
WEBB CITY	MO 64870-9550	Level of Care: ALF**	<b>Bed Capacity</b> 46
Mailing Address 4316 NORTH ST LO		County JASPER	DMH Licensed No
WEBB CITY	MO 64870-9550	Region 1	Facility Number 25428
		Region 1	25 120
FOXWOOD SPRINGS LIVING CENT	TER		
1500 WEST FOXWOOD DR		<b>Telephone</b> (816) 331-3111	Alzheimer's Unit No
RAYMORE	MO 64083-9347	Level of Care: ALF**	<b>Bed Capacity</b> 62
Mailing Address 1500 WEST FOXWO	OD DR	County CASS	DMH Licensed No
RAYMORE	MO 64083-9347	Region 3	Facility Number 02649
FOXWOOD SPRINGS LIVING CENT	TER		
1500 WEST FOXWOOD DR		<b>Telephone</b> (816) 331-3111	<b>Alzheimer's Unit</b> Yes
RAYMORE	MO 64083-9347	Level of Care: SNF	Bed Capacity 108
Mailing Address 1500 WEST FOXWO		County CASS	<b>DMH Licensed</b> No
RAYMORE	MO 64083-9347	Region 3 Medicare/Medicaid	Facility Number 02649
FREDERICK STREET MANOR			
429 NORTH FREDERICK STREET		<b>Telephone</b> (573) 334-2662	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-4834	Level of Care: RCF*	Bed Capacity 32
Mailing Address 429 NORTH FREDER		County CAPE GIRARDEAU	DMH Licensed Yes
CAPE GIRARDEAU			Facility Number 02662
CAPE GIRARDEAU	MO 63701-4834	Region 2	Facility Number 02662
FREMONT SENIOR LIVING, THE			Facility Number 02662
			Facility Number 02662  Alzheimer's Unit Yes
FREMONT SENIOR LIVING, THE		Region 2	·
FREMONT SENIOR LIVING, THE 1520 EAST BATES ST	MO 63701-4834 MO 65804-8401	<b>Region</b> 2 <b>Telephone</b> (417) 881-0500	Alzheimer's Unit Yes
FREMONT SENIOR LIVING, THE 1520 EAST BATES ST SPRINGFIELD	MO 63701-4834 MO 65804-8401	Region 2  Telephone (417) 881-0500 Level of Care: ALF**	Alzheimer's Unit Yes Bed Capacity 72
FREMONT SENIOR LIVING, THE 1520 EAST BATES ST SPRINGFIELD Mailing Address 1520 EAST BATES S SPRINGFIELD	MO 63701-4834  MO 65804-8401  TT  MO 65804-8401	Region 2  Telephone (417) 881-0500  Level of Care: ALF**  County GREENE	Alzheimer's Unit Yes Bed Capacity 72 DMH Licensed No
FREMONT SENIOR LIVING, THE 1520 EAST BATES ST SPRINGFIELD Mailing Address 1520 EAST BATES S SPRINGFIELD FRIENDSHIP VILLAGE ASSISTED	MO 63701-4834  MO 65804-8401  TT  MO 65804-8401	Region 2  Telephone (417) 881-0500 Level of Care: ALF** County GREENE Region 1	Alzheimer's Unit Bed Capacity 72 DMH Licensed No Facility Number 28782
FREMONT SENIOR LIVING, THE 1520 EAST BATES ST SPRINGFIELD Mailing Address 1520 EAST BATES S SPRINGFIELD  FRIENDSHIP VILLAGE ASSISTED 15250 VILLAGE VIEW DRIVE	MO 63701-4834  MO 65804-8401  TT  MO 65804-8401  LIVING & MEMORY CARE	Region 2  Telephone (417) 881-0500 Level of Care: ALF** County GREENE Region 1  Telephone (636) 733-0199	Alzheimer's Unit Yes Bed Capacity 72 DMH Licensed No Facility Number 28782  Alzheimer's Unit Yes
FREMONT SENIOR LIVING, THE 1520 EAST BATES ST SPRINGFIELD Mailing Address 1520 EAST BATES S SPRINGFIELD  FRIENDSHIP VILLAGE ASSISTED 15250 VILLAGE VIEW DRIVE CHESTERFIELD	MO 63701-4834  MO 65804-8401  TT  MO 65804-8401  LIVING & MEMORY CARE  MO 63017-1982	Region 2  Telephone (417) 881-0500 Level of Care: ALF** County GREENE Region 1  Telephone (636) 733-0199 Level of Care: ALF**	Alzheimer's Unit Yes Bed Capacity 72 DMH Licensed No Facility Number 28782  Alzheimer's Unit Yes Bed Capacity 666
FREMONT SENIOR LIVING, THE 1520 EAST BATES ST SPRINGFIELD Mailing Address 1520 EAST BATES S SPRINGFIELD  FRIENDSHIP VILLAGE ASSISTED 15250 VILLAGE VIEW DRIVE	MO 63701-4834  MO 65804-8401  TT  MO 65804-8401  LIVING & MEMORY CARE  MO 63017-1982	Region 2  Telephone (417) 881-0500 Level of Care: ALF** County GREENE Region 1  Telephone (636) 733-0199	Alzheimer's Unit Yes Bed Capacity 72 DMH Licensed No Facility Number 28782  Alzheimer's Unit Yes

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FRIENDSHIP VILLAGE ASSISTED	LIVING & MEMORY CARE			
12777 POINTE DR		<b>Telephone</b> (314) 270-7111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63127-1757	Level of Care: ALF**	Bed Capacity	84
Mailing Address 12777 POINTE DR		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1757	Region 7	Facility Number	02703
	EVEL D			
FRIENDSHIP VILLAGE CHESTER 15250 VILLAGE VIEW DRIVE	FIELD	T. I. I. (626) 722 0100	A1 1	NI-
CHESTERFIELD	MO (2017 1092	Telephone (636) 733-0199 Level of Care: SNF	Alzheimer's Unit	No 90
	MO 63017-1982		Bed Capacity	
Mailing Address 15250 VILLAGE VIE		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-1982	Region 7 Medicare/Medicaid	Facility Number	02715
FRIENDSHIP VILLAGE SUNSET H	ILLS			
12651 VILLAGE CIRCLE DR		<b>Telephone</b> (314) 270-7777	Alzheimer's Unit	No
SAINT LOUIS	MO 63127-1778	Level of Care: SNF	Bed Capacity	144
Mailing Address 12651 VILLAGE CIR	CLE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63127-1778	Region 7 Medicare/Medicaid	Facility Number	02703
			·	
FULTON MANOR CARE CENTER				
520 MANOR DR		<b>Telephone</b> (573) 642-6834	Alzheimer's Unit	No
FULTON	MO 65251-2429	Level of Care: SNF	Bed Capacity	52
Mailing Address 520 MANOR DR		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2429	Region 6 Medicare/Medicaid	Facility Number	02725
FULTON NURSING & REHAB				
1510 BLUFF ST		<b>Telephone</b> (573) 642-0202	Alzheimer's Unit	Yes
FULTON	MO 65251-2345	Level of Care: SNF	Bed Capacity	100
Mailing Address 1510 BLUFF ST		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2345	Region 6 Medicare/Medicaid	Facility Number	03492
GABLES AT BRADY CIRCLE, LLC	THE	<b>T</b> (24.1) 222 222		
11 BRADY CIRCLE		<b>Telephone</b> (314) 890-2230	Alzheimer's Unit	No
SAINT LOUIS	MO 63114-1110	Level of Care: ALF**	Bed Capacity	40
Mailing Address 11 BRADY CIRCLE	3.50	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63114-1110	Region 7	Facility Number	30048
GAINESVILLE NURSING				
77 MEDICAL DR		<b>Telephone</b> (417) 679-4921	Alzheimer's Unit	No
GAINESVILLE	MO 65655-0628	Level of Care: SNF	Bed Capacity	99
Mailing Address PO BOX 628		County OZARK	DMH Licensed	No
GAINESVILLE	MO 65655-0628	Region 1 Medicare/Medicaid	Facility Number	12868
CADDENIDIAZA OF ELODICCANO				
GARDEN PLAZA OF FLORISSANT 1101 GARDEN PLAZA DR		<b>Telephone</b> (314) 831-0988	Alzheimer's Unit	Yes
FLORISSANT	MO 63033-2269	Level of Care: ALF**	Bed Capacity	102
Mailing Address 1101 GARDEN PLAZ		County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-2269	Region 7	Facility Number	27826
LOMBOTHI	1110 03033 2207	Region /	Lacincy Mannet	21020

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GARDEN VIEW CARE CENTER			
700 GARDEN PATH	110	<b>Telephone</b> (636) 240-2840	Alzheimer's Unit YES
O'FALLON	MO 63366-3052	Level of Care: SNF	Bed Capacity 120
Mailing Address 700 GARDEN PATH		County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63366-3052	Region 5 Medicare/Medicaid	Facility Number 13963
GARDEN VIEW CARE CENTER AT	DOUGHERTY FERRY		
13612 BIG BEND RD		<b>Telephone</b> (636) 861-0500	Alzheimer's Unit Yes
VALLEY PARK	MO 63088-1447	Level of Care: SNF	Bed Capacity 120
Mailing Address 13612 BIG BEND RD	)	County SAINT LOUIS COUNTY	DMH Licensed No
VALLEY PARK	MO 63088-1447	Region 7 Medicare/Medicaid	Facility Number 23101
CARDEN VIEW CARE CENTER OF	COHECTEDENE D		
GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PRKW		Tolonhono (626) 527 2222	Alzheimer's Unit Yes
CHESTERFIELD  CHESTERFIELD	MO 63017-1957	Telephone (636) 537-3333 Level of Care: SNF	Alzheimer's Unit Yes Bed Capacity 130
Mailing Address 1025 CHESTERFIELD		County SAINT LOUIS COUNTY	DMH Licensed No
CHESTERFIELD	MO 63017-1957	Region 7 Medicare/Medicaid	Facility Number 16409
CHESTERFIELD	WO 03017-1937	Region / Medicare/Medicaid	racinty Number 10409
GARDEN VILLAS			
13590 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 434-2520	Alzheimer's Unit No
TOWN AND COUNTRY	MO 63017-5823	Level of Care: ALF**	<b>Bed Capacity</b> 46
Mailing Address 13590 SOUTH OUTE	ER 40 RD	County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
TOWN AND COUNTRY	MO 63017-5823	Region 7	Facility Number 28978
GARDEN VILLAS NORTH			
4505 PARKER ROAD		<b>Telephone</b> (314) 355-6100	Alzheimer's Unit No
BLACK JACK	MO 63033-4268	Level of Care: ALF**	<b>Bed Capacity</b> 90
Mailing Address 4505 PARKER RD		County SAINT LOUIS COUNTY	DMH Licensed No
BLACK JACK	MO 63033-4268	Region 7	Facility Number 28930
CARDEN VILLAC OF OFALLON			
GARDEN VILLAS OF O'FALLON 7092 SOUTH OUTER 364 ROAD		<b>Telephone</b> (636) 240-5560	Alzheimer's Unit No
O'FALLON	MO 63368-7757	Level of Care: ALF	Bed Capacity 95
Mailing Address 7092 SOUTH OUTER		County SAINT CHARLES	DMH Licensed No
O'FALLON	MO 63368-7757	Region 5	Facility Number 27793
		Region 5	2,7,79
GARDEN VILLAS SOUTH			
13457 TESSON FERRY RD		<b>Telephone</b> (314) 843-7788	Alzheimer's Unit No
SAINT LOUIS	MO 63128-4010	Level of Care: ALF	<b>Bed Capacity</b> 83
Mailing Address 13457 TESSON FERI		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63128-4010	Region 7	Facility Number 28964
GARDENS AT BARRY ROAD, THE			
8300 NW BARRY ROAD		<b>Telephone</b> (816) 584-3200	Alzheimer's Unit No
KANSAS CITY	MO 64153-1634	Level of Care: ALF	<b>Bed Capacity</b> 100
Mailing Address 8300 NW BARRY RI	)	County PLATTE	<b>DMH Licensed</b> No
KANSAS CITY	MO 64153-1634	Region 4	Facility Number 23774

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GARDENS AT BARRY ROAD, THE				
8300 NW BARRY RD		<b>Telephone</b> (816) 584-3200	Alzheimer's Unit	Yes
KANSAS CITY	MO 64153-1634	Level of Care: ALF**	Bed Capacity	40
Mailing Address 8300 NW BARRY R	D	County PLATTE	DMH Licensed	No
KANSAS CITY	MO 64153-1634	Region 4	Facility Number	23774
GARDENS, THE				
1302 WEST SUNSET		<b>Telephone</b> (417) 889-7600	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65807-5943	Level of Care: ALF**	Bed Capacity	148
Mailing Address 1302 WEST SUNSET		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-5943	Region 1	Facility Number	20288
SI KINOPIELD	WO 03007-3943	Region 1	Facility Number	20288
GASCONADE MANOR NURSING H	IOME			
1910 NURSING HOME RD		<b>Telephone</b> (573) 437-4101	Alzheimer's Unit	No
OWENSVILLE	MO 65066-2844	Level of Care: SNF	Bed Capacity	79
Mailing Address PO BOX 520		County GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region 6 Medicare/Medicaid	Facility Number	02804
GASCONADE TERRACE RETIREM	MENT CENTER			
1930 NURSING HOME RD	ENT CENTER	<b>Telephone</b> (573) 437-4833	Alzheimer's Unit	No
OWENSVILLE	MO 65066-2844	Level of Care: ALF	Bed Capacity	19
Mailing Address PO BOX 520	110 03000 2011	County GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region 6	Facility Number	14143
G (1, 22, 13, 1, 13, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	1120 00000 0020	Region	ruemey rumber	14143
GENESIS HEALTHCARE CENTER	LLC			
25466 NORTH HIGHWAY 5		<b>Telephone</b> (417) 588-1100	Alzheimer's Unit	No
LEBANON	MO 65536-6294	Level of Care: RCF	Bed Capacity	80
Mailing Address PO BOX 836		County LACLEDE	DMH Licensed	No
HANNIBAL	MO 63401-0836	Region 1	Facility Number	08791
GEORGIA BROWN BLOSSER HOM	IE FOR THE AGED			
1210 EAST EASTWOOD ST		<b>Telephone</b> (660) 886-5022	Alzheimer's Unit	No
MARSHALL	MO 65340-1510	Level of Care: RCF	<b>Bed Capacity</b>	11
Mailing Address 1210 EAST EASTWO	OOD ST	County SALINE	DMH Licensed	No
MARSHALL	MO 65340-1510	Region 5	Facility Number	00633
CEODCIANI CADDENIC CENTED E	OD DELLAD AND HEAT THEADE			
GEORGIAN GARDENS DE	OR REHAB AND HEALTHCARE	Th. L. L. (572) 000 2011	A1 1	V
1 GEORGIAN GARDENS DR	MO (2004 1420	<b>Telephone</b> (573) 999-2911	Alzheimer's Unit	Yes
POTOSI  M. III. A LL LA CEORGIAN GARE	MO 63664-1436	Level of Care: SNF	Bed Capacity	120
Mailing Address 1 GEORGIAN GARD		County WASHINGTON	DMH Licensed	No
POTOSI	MO 63664-1436	Region 2 Medicare/Medicaid	Facility Number	02830
GIDEON CARE CENTER				
300 LUNBECK		<b>Telephone</b> (573) 448-3505	Alzheimer's Unit	Yes
GIDEON	MO 63848-9211	Level of Care: SNF	Bed Capacity	72
Mailing Address PO BOX 197		County NEW MADRID	DMH Licensed	No
GIDEON	MO 63848-0197	Region 2 Medicare/Medicaid	Facility Number	15538

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GLASGOW GARDENS			
100 AUDSLEY DR	<b>Telephone</b> (660) 338-2297	Alzheimer's Unit	No
GLASGOW MO 65254-9537	Level of Care: SNF	Bed Capacity	59
Mailing Address 100 AUDSLEY DR	County HOWARD	DMH Licensed	No
GLASGOW MO 65254-9537	Region 5 Medicare/Medicaid	Facility Number	01659
GLENDALE GARDENS NURSING & REHAB			
3535 EAST CHEROKEE	<b>Telephone</b> (417) 889-9955	Alzheimer's Unit	No
SPRINGFIELD MO 65809-2829	Level of Care: SNF		120
Mailing Address 3535 EAST CHEROKEE		Bed Capacity DMH Licensed	No
SPRINGFIELD MO 65809-2829			
SPRINGFIELD MO 03809-2629	Region 1 Medicare/Medicaid	Facility Number	16735
GLENFIELD MEMORY CARE			
118 OHMES ROAD	<b>Telephone</b> (636) 447-4440	Alzheimer's Unit	Yes
COTTLEVILLE MO 63376-7649	Level of Care: ALF**	Bed Capacity	12
Mailing Address 118 OHMES RD	County SAINT CHARLES	DMH Licensed	No
COTTLEVILLE MO 63376-7649	Region 5	Facility Number	30372
GLENWOOD HEALTHCARE			
851 THOROUGHFARE	<b>Telephone</b> (417) 935-2992	Alzheimer's Unit	Yes
SEYMOUR MO 65746-8767	Level of Care: SNF	Bed Capacity	60 N
Mailing Address 851 THOROUGHFARE	County WEBSTER	DMH Licensed	No
SEYMOUR MO 65746-8767	Region 1 Medicare/Medicaid	Facility Number	16944
GOGGIN BOARDING HOME LLC			
620 COUNTY ROAD 40	<b>Telephone</b> (573) 697-5894	Alzheimer's Unit	No
CALEDONIA MO 63631-9133	Level of Care: RCF	<b>Bed Capacity</b>	12
Mailing Address 620 COUNTY RD 40	County IRON	DMH Licensed	Yes
CALEDONIA MO 63631-9133	Region 2	Facility Number	02937
GOLDEN AGE LIVING CENTER			
404 E THIRD ST	<b>Telephone</b> (573) 377-4521	Alzheimer's Unit	Yes
	1 elephone (373) 377-4321	Alzheimer s Unit	168
STOVED MO 65078 0047	Loyal of Caras SNE	Red Conneity	61
STOVER MO 65078-0947  Mailing Address PO BOX 307	Level of Care: SNF	Bed Capacity	61 No.
Mailing Address PO BOX 307	<b>County</b> MORGAN	DMH Licensed	No
Mailing Address PO BOX 307	<b>County</b> MORGAN	DMH Licensed	No
Mailing Address PO BOX 307 STOVER MO 65078-0307	<b>County</b> MORGAN	DMH Licensed	No
Mailing Address PO BOX 307 STOVER MO 65078-0307  GOLDEN AGE NURSING HOME 12498 SE HWY 116 BRAYMER MO 64624-9107	County MORGAN  Region 6 Medicare/Medicaid	DMH Licensed Facility Number	No 02949
Mailing Address PO BOX 307 STOVER MO 65078-0307  GOLDEN AGE NURSING HOME 12498 SE HWY 116	County MORGAN Region 6 Medicare/Medicaid  Telephone (660) 645-2243	DMH Licensed Facility Number  Alzheimer's Unit	No 02949 No
Mailing Address PO BOX 307 STOVER MO 65078-0307  GOLDEN AGE NURSING HOME 12498 SE HWY 116 BRAYMER MO 64624-9107	County MORGAN Region 6 Medicare/Medicaid  Telephone (660) 645-2243 Level of Care: SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 02949 No 83
Mailing Address PO BOX 307 STOVER MO 65078-0307  GOLDEN AGE NURSING HOME 12498 SE HWY 116 BRAYMER MO 64624-9107 Mailing Address 12498 SE HWY 116	County MORGAN Region 6 Medicare/Medicaid  Telephone (660) 645-2243 Level of Care: SNF County CALDWELL	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 02949 No 83 No
Mailing Address PO BOX 307 STOVER MO 65078-0307  GOLDEN AGE NURSING HOME 12498 SE HWY 116 BRAYMER MO 64624-9107  Mailing Address 12498 SE HWY 116 BRAYMER MO 64624-9107	County MORGAN Region 6 Medicare/Medicaid  Telephone (660) 645-2243 Level of Care: SNF County CALDWELL	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 02949 No 83 No
Mailing Address PO BOX 307 STOVER MO 65078-0307  GOLDEN AGE NURSING HOME 12498 SE HWY 116 BRAYMER MO 64624-9107  Mailing Address 12498 SE HWY 116 BRAYMER MO 64624-9107  GOLDEN ESTATE RESIDENTIAL CARE	County MORGAN Region 6 Medicare/Medicaid  Telephone (660) 645-2243 Level of Care: SNF County CALDWELL Region 4 Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 02949 No 83 No 02957
Mailing Address PO BOX 307 STOVER MO 65078-0307  GOLDEN AGE NURSING HOME 12498 SE HWY 116 BRAYMER MO 64624-9107  Mailing Address 12498 SE HWY 116 BRAYMER MO 64624-9107  GOLDEN ESTATE RESIDENTIAL CARE 1134 WEST NORTON RD	County MORGAN Region 6 Medicare/Medicaid  Telephone (660) 645-2243 Level of Care: SNF County CALDWELL Region 4 Medicare/Medicaid  Telephone (417) 833-4440	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 02949 No 83 No 02957
Mailing Address PO BOX 307 STOVER MO 65078-0307  GOLDEN AGE NURSING HOME 12498 SE HWY 116 BRAYMER MO 64624-9107  Mailing Address 12498 SE HWY 116 BRAYMER MO 64624-9107  GOLDEN ESTATE RESIDENTIAL CARE 1134 WEST NORTON RD SPRINGFIELD MO 65803-1070	County MORGAN Region 6 Medicare/Medicaid  Telephone (660) 645-2243 Level of Care: SNF County CALDWELL Region 4 Medicare/Medicaid  Telephone (417) 833-4440 Level of Care: RCF*	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 02949 No 83 No 02957

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GOLDEN OAKS ASSISTED LIVING	ILLC			
27882 HIGHWAY H		<b>Telephone</b> (660) 886-6172	Alzheimer's Unit	No
MARSHALL	MO 65340-5303	Level of Care: ALF**	Bed Capacity	67
Mailing Address 27882 HIGHWAY H		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-5303	Region 5	Facility Number	15380
GOLDEN YEARS CENTER FOR RE	HAB AND HEALTHCARE			
2001 JEFFERSON PARKWAY		<b>Telephone</b> (816) 380-4731	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-3714	Level of Care: SNF	Bed Capacity	128
Mailing Address 2001 JEFFERSON PA	ARKWAY	County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-3714	Region 3 Medicare/Medicaid	Facility Number	12458
COOD SAMADITAN CADE CENTE	D			
GOOD SAMARITAN CARE CENTE 403 WEST MAIN ST	ĸ	<b>Telephone</b> (660) 668-4515	Alzheimer's Unit	No
COLE CAMP	MO 65325-1144	Level of Care: SNF	Bed Capacity	72
Mailing Address 403 WEST MAIN ST	WIO 03323-1144	County BENTON	DMH Licensed	No
COLE CAMP	MO 65325-1144	•	Facility Number	
COLE CAIVIF	WO 03323-1144	Region 6 Medicare/Medicaid	Facility Number	03039
GOOD SHEPHERD CARE CENTER				
1101 WEST CLAY RD		<b>Telephone</b> (573) 378-5411	Alzheimer's Unit	No
VERSAILLES	MO 65084-1177	Level of Care: SNF	Bed Capacity	120
Mailing Address 1101 WEST CLAY R		County MORGAN	DMH Licensed	No
VERSAILLES	MO 65084-1177	Region 6 Medicare/Medicaid	Facility Number	21631
GOOD SHEPHERD COMMUNITY (	CARE AND REHABILITATION			
200 WEST 12TH ST		Tolombono (417) 222 4571		
		<b>Telephone</b> (417) 232-4571	Alzheimer's Unit	Yes
LOCKWOOD	MO 65682-8337	Level of Care: SNF	Alzheimer's Unit Bed Capacity	Yes 69
LOCKWOOD  Mailing Address 200 WEST 12TH ST	MO 65682-8337	• '		
	MO 65682-8337 MO 65682-8337	Level of Care: SNF	Bed Capacity	69
Mailing Address 200 WEST 12TH ST		Level of Care: SNF County DADE	Bed Capacity DMH Licensed	69 No
Mailing Address 200 WEST 12TH ST LOCKWOOD	MO 65682-8337	Level of Care: SNF County DADE	Bed Capacity DMH Licensed	69 No
Mailing Address 200 WEST 12TH ST	MO 65682-8337	Level of Care: SNF County DADE Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	69 No 03051
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH	MO 65682-8337	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	69 No 03051 No
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD	MO 65682-8337	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number	69 No 03051 No 20
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH	MO 65682-8337	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	69 No 03051 No
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH	MO 65682-8337  CARE FACILITY  MO 65682-8337	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	69 No 03051 No 20 No
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	69 No 03051 No 20 No
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 03051  No 20 No 03051
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337  R, INC	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1  Telephone (816) 424-6483	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 03051  No 20 No 03051  No No 03051
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169 GOWER	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1  Telephone (816) 424-6483 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	69 No 03051 No 20 No 03051
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169 GOWER  Mailing Address PO BOX 170	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337  R, INC  MO 64454-9116	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1  Telephone (816) 424-6483 Level of Care: SNF County CLINTON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	69 No 03051 No 20 No 03051
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169 GOWER	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337  R, INC	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1  Telephone (816) 424-6483 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 03051  No 20 No 03051  No 822
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169 GOWER  Mailing Address PO BOX 170	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337  R, INC  MO 64454-9116	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1  Telephone (816) 424-6483 Level of Care: SNF County CLINTON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	69 No 03051 No 20 No 03051
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169 GOWER  Mailing Address PO BOX 170 GOWER  GRAN VILLAS NEOSHO	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337  R, INC  MO 64454-9116	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1  Telephone (816) 424-6483 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 03051  No 20 No 03051  No 82 No 03107
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169 GOWER  Mailing Address PO BOX 170 GOWER  GRAN VILLAS NEOSHO 420 LYON DR	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337  R, INC  MO 64454-9116  MO 64454-0170	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1  Telephone (816) 424-6483 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 451-7071	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	69 No 03051 No 20 No 03051 No 82 No 03107
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169 GOWER  Mailing Address PO BOX 170 GOWER  GRAN VILLAS NEOSHO 420 LYON DR NEOSHO	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337  R, INC  MO 64454-9116	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1  Telephone (816) 424-6483 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 451-7071 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 03051  No 20 No 03051  No 82 No 03107
Mailing Address 200 WEST 12TH ST LOCKWOOD  GOOD SHEPHERD RESIDENTIAL 200 WEST 12TH LOCKWOOD  Mailing Address 200 WEST 12TH LOCKWOOD  GOWER CONVALESCENT CENTE 323 SOUTH HIGHWAY 169 GOWER  Mailing Address PO BOX 170 GOWER  GRAN VILLAS NEOSHO 420 LYON DR	MO 65682-8337  CARE FACILITY  MO 65682-8337  MO 65682-8337  R, INC  MO 64454-9116  MO 64454-0170	Level of Care: SNF County DADE Region 1 Medicare/Medicaid  Telephone (417) 232-4571 Level of Care: RCF* County DADE Region 1  Telephone (816) 424-6483 Level of Care: SNF County CLINTON Region 4 Medicare/Medicaid  Telephone (417) 451-7071	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	69 No 03051 No 20 No 03051 No 82 No 03107

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GRANBY HOUSE		T	
301 SOUTH MAIN	NO 51011 0005	<b>Telephone</b> (417) 472-6271	Alzheimer's Unit No
GRANBY	MO 64844-8336	Level of Care: SNF	Bed Capacity 60
Mailing Address 301 SOUTH MAIN	MO (1044 0226	County NEWTON	DMH Licensed No
GRANBY	MO 64844-8336	Region 1 Medicare/Medicaid	Facility Number 16481
CDAND MANOD HEAT TH CADE CE	NEED		
GRAND MANOR HEALTH CARE CE 3645 COOK AVE	ENIER	<b>Telephone</b> (314) 531-2352	Alzheimer's Unit No
SAINT LOUIS	MO 63113-3801	Telephone (314) 531-2352 Level of Care: SNF	
	WO 03113-3601		Bed Capacity 120  DMH Licensed No
Mailing Address 3645 COOK AVE SAINT LOUIS	MO 63113-3801	·	
SAINI LOUIS	WO 03113-3601	Region 7 Medicare/Medicaid	Facility Number 13324
GRAND RIVER HEALTH CARE			
118 TRENTON RD		<b>Telephone</b> (660) 646-0353	Alzheimer's Unit No
CHILLICOTHE	MO 64601-4002	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 118 TRENTON RD		County LIVINGSTON	DMH Licensed No
CHILLICOTHE	MO 64601-4002	Region 4 Medicare/Medicaid	Facility Number 16939
GRAND ROYALE, THE			
2900 NE KENDALLWOOD PKWY		<b>Telephone</b> (816) 280-4280	Alzheimer's Unit NO
GLADSTONE	MO 64119-1831	Level of Care: ALF**	<b>Bed Capacity</b> 25
Mailing Address 2900 NE KENDALLW	OOD PKWY	County CLAY	<b>DMH Licensed</b> No
GLADSTONE	MO 64119-1831	Region 4	Facility Number 03086
CDANDE AT CHECTEDELL DAME			
GRANDE AT CHESTERFIELD, THE		T-1 (626) 779 4900	Alabaharan Turk
16300 JUSTUS POST ROAD	MO (2017 4609	Telephone (636) 778-4800 Level of Care: ALF**	Alzheimer's Unit Yes Bed Capacity 95
CHESTERFIELD  Mailing Address 16200 HISTUS POST I	MO 63017-4608		1 0
Mailing Address 16300 JUSTUS POST I CHESTERFIELD	MO 63017-4608	•	
CHESTERFIELD	WO 03017-4008	Region 7	Facility Number 30848
GRANDE AT CREVE COEUR THE			
450 NORTH LINDBERGH BLVD		<b>Telephone</b> (314) 720-8408	Alzheimer's Unit Yes
CREVE COEUR	MO 63141-7814	Level of Care: ALF**	<b>Bed Capacity</b> 58
Mailing Address 450 NORTH LINDBER	RGH BLVD	County SAINT LOUIS COUNTY	DMH Licensed No
CREVE COEUR	MO 63141-7814	Region 7	Facility Number 30479
CDANDE AND AUGUSTED DARW	2		
GRANDE AT LAUMEIER PARK THE	S	m 1 1 (21 ) 4/2 2222	
12470 ROTT ROAD	NO 62125 1245	<b>Telephone</b> (314) 462-0222	Alzheimer's Unit Yes
SUNSET HILLS	MO 63127-1247	Level of Care: ALF**	Bed Capacity 98
Mailing Address 12470 ROTT ROAD	MO (2127-1247	County SAINT LOUIS COUNTY	DMH Licensed No
SUNSET HILLS	MO 63127-1247	Region 7	Facility Number 30466
GRANDVIEW HEALTHCARE CENT	ER		
201 GRAND AVE		<b>Telephone</b> (636) 239-9190	Alzheimer's Unit No
WASHINGTON	MO 63090-1209	Level of Care: SNF	<b>Bed Capacity</b> 102
Mailing Address 201 GRAND AVE		County FRANKLIN	DMH Licensed No
WASHINGTON	MO 63090-1209	Region 6 Medicare/Medicaid	Facility Number 15045

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GRANITE HOUSE RCF LLC			
321 SOUTH MAIN ST		<b>Telephone</b> (573) 546-7283	Alzheimer's Unit No
	O 63650-1406	Level of Care: RCF	Bed Capacity 60
Mailing Address PO BOX 6		County IRON	DMH Licensed Yes
IRONTON M	O 63650-0066	Region 2	Facility Number 04628
GREEN ACRES RESIDENTIAL CARE I	FACILITY, LLC	m 1 1 (572) 756 2017	
3688 SAND CREEK ROAD	(0. (2(40.7250	<b>Telephone</b> (573) 756-2917	Alzheimer's Unit No
	O 63640-7350	Level of Care: RCF	Bed Capacity 12
Mailing Address 3688 SAND CREEK RD	(0. (2(40.7250	County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON M	O 63640-7350	Region 2	Facility Number 17289
GREENVILLE HEALTH CARE CENTE	R		
117 SYCAMORE ST		<b>Telephone</b> (573) 224-3298	Alzheimer's Unit No
	O 63944-0000	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 108		County WAYNE	DMH Licensed No
	O 63944-0108	Region 2 Medicare/Medicaid	Facility Number 15550
	0 00,11 0100	Region 2 Medical Concurrence	13330
GREGORY RIDGE HEALTH CARE CE	NTER		
7001 CLEVELAND AVE		<b>Telephone</b> (816) 333-0700	Alzheimer's Unit No
KANSAS CITY M	O 64132-1622	Level of Care: SNF	Bed Capacity 116
Mailing Address 7001 CLEVELAND AVE		County JACKSON	<b>DMH Licensed</b> No
KANSAS CITY M	O 64132-1622	Region 3 Medicare/Medicaid	Facility Number 04109
HAMPTON HOUSE RESIDENTIAL CA	RE		
201 N DECATUR STREET		<b>Telephone</b> (573) 276-6054	Alzheimer's Unit No
MALDEN M	O 63863-2017	Level of Care: RCF*	<b>Bed Capacity</b> 22
Mailing Address 201 N DECATUR STREE	ET	County DUNKLIN	<b>DMH Licensed</b> Yes
MALDEN M	O 63863-2017	Region 2	Facility Number 03331
HAMPTON MANOD OF ST. BETTERS			
HAMPTON MANOR OF ST PETERS		Talanhana (626) 706 5909	Alabaiman's Unit VEC
268 JUNGERMANN ROAD	(O. 62276 5247	<b>Telephone</b> (636) 706-5808	Alzheimer's Unit YES
	O 63376-5347	Level of Care: ALF** County ST CHARLES	Bed Capacity 97 DMH Licensed No
Mailing Address 268 JUNGERMANN ROA			
ST PETERS M	O 63376-5347	Region 5	Facility Number 33605
HAMPTON MANOR OF WENTZVILLE	;		
21 MIDLAND PARK DR		<b>Telephone</b> (636) 538-6700	Alzheimer's Unit Yes
WENTZVILLE M	O 63385-8100	Level of Care: ALF**	<b>Bed Capacity</b> 85
Mailing Address 21 MIDLAND PARK DR		County SAINT CHARLES	DMH Licensed No
	O 63385-8100	Region 5	Facility Number 33289
•••			33207
HARAMBEE HOUSE, INC			
703 NORTH EIGHTH ST		<b>Telephone</b> (573) 443-6972	Alzheimer's Unit No
COLUMBIA M	O 65201-4516	Level of Care: RCF*	<b>Bed Capacity</b> 15
Mailing Address 703 NORTH EIGHTH ST		County BOONE	<b>DMH Licensed</b> Yes
COLUMBIA M	O 65201-4516	Region 6	Facility Number 17197

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HARBOR PLACE - LINN				
24 TRENSHAW TRAIL		<b>Telephone</b> (573) 897-2100	Alzheimer's Unit	O
LINN	MO 65051-2874	Level of Care: RCF		24
Mailing Address 24 TRENSHAW TRA		County OSAGE		No
LINN	MO 65051-2874	Region 6	Facility Number 311	
LINIV	WIO 03031-2074	Region 0	Facility Number 311	.10
HARMONY GARDENS - ASSISTED	LIVING BY AMERICARE			
503 BURKARTH ROAD		<b>Telephone</b> (660) 747-5411	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3145	Level of Care: ALF**		44
Mailing Address 503 BURKARTH RD	1.10 0.10,5 51.15	County JOHNSON	=	No
WARRENSBURG	MO 64093-3145	Region 3	Facility Number 186	
Wildelingeric	110 010/3 3113	Region 5	racinty (value)	,13
HAROLD AND LOUISE HEALTHCA	ARE CENTER			
135 COMMUNICATION DR		<b>Telephone</b> (573) 221-1189	Alzheimer's Unit	No
HANNIBAL	MO 63401-3670	Level of Care: RCF	Bed Capacity	98
Mailing Address 135 COMMUNICATI	ON DR	County MARION		l'es
HANNIBAL	MO 63401-3670	Region 5	Facility Number 296	39
		Region 5	2000	,5)
HARRIS HOUSE RESIDENTIAL CA	RE FACILITY, THE			
3859 EAST 59TH TERRACE		<b>Telephone</b> (816) 599-5230	Alzheimer's Unit	No
KANSAS CITY	MO 64130-4410	Level of Care: RCF	Bed Capacity	7
Mailing Address 3859 EAST 59TH TE	RRACE	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64130-4410	Region 3	Facility Number 162	225
HADDIC DECIDENTIAL CADE CEN	TEDILC			
HARRIS RESIDENTIAL CARE CEN 401 SOUTH HENRY	TERLLC	<b>Telephone</b> (573) 756-5376	Alzheimer's Unit	No
FARMINGTON	MO 63640-1823	Level of Care: RCF*		37
Mailing Address PO BOX 671	WO 03040-1823	County SAINT FRANCOIS		es .
FARMINGTON	MO 63640-0675	·		
PARIMINGTON	MO 03040-0073	Region 2	Facility Number 022	250
HARTLAND RESIDENTIAL CARE (	CENTER			
23435 LADDER DR		<b>Telephone</b> (660) 886-7093	Alzheimer's Unit	No
MARSHALL	MO 65340-4662	Level of Care: RCF	Bed Capacity	12
Mailing Address 23435 LADDER DR		County SALINE	DMH Licensed	No
MARSHALL	MO 65340-4662	Region 5	Facility Number 151	63
HARTMANN VILLAGE - ASSISTED	LIVING BY AMERICARE			
615 RANKIN MILL LN		<b>Telephone</b> (660) 882-9933		No
BOONVILLE	MO 65233-2873	Level of Care: ALF**		42
Mailing Address 615 RANKIN MILL L		County COOPER		No
BOONVILLE	MO 65233-2873	Region 6	Facility Number 260	)26
HARTON SENIOR LIVING				
1054 SOUTH HWY 47		<b>Telephone</b> (636) 377-4444	Alzheimer's Unit	No
WARRENTON	MO 63383-2625	Level of Care: RCF		36
Mailing Address 1054 SOUTH HWY 4		County WARREN		No
WARRENTON	MO 63383-2625	Region 6	Facility Number 301	
	00000 2020	Welon o	_ 301105 1 10111001 301	

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HARTVILLE CARE CENTER			
649 WEST ROLLA ST		<b>Telephone</b> (417) 741-6192	Alzheimer's Unit No
HARTVILLE	MO 65667-8221	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 649 WEST ROLLA ST		County WRIGHT	<b>DMH Licensed</b> No
HARTVILLE	MO 65667-8221	Region 1 Medicare/Medicaid	Facility Number 17946
HADNEGED DECIDENCIAL CADE			
HARVESTER RESIDENTIAL CARE		(C2C) 020 2022	
35 LILLIAN DR	MO (2204 7022	<b>Telephone</b> (636) 939-3833	Alzheimer's Unit No
SAINT CHARLES	MO 63304-7032	Level of Care: RCF*	Bed Capacity 38
Mailing Address 35 LILLIAN DR	MO (2204 7022	County SAINT CHARLES	DMH Licensed Yes
SAINT CHARLES	MO 63304-7032	Region 5	Facility Number 03411
HAVEN, THE			
614 SOUTH BY-PASS		<b>Telephone</b> (573) 888-1201	Alzheimer's Unit No
KENNETT	MO 63857-3240	Level of Care: RCF*	<b>Bed Capacity</b> 64
Mailing Address 612 SOUTH BY-PASS	3	County DUNKLIN	<b>DMH Licensed</b> Yes
KENNETT	MO 63857-3240	Region 2	Facility Number 27620
HEART OF THE OZARKS HEALTH	CARE CENTER		
2004 CRESTVIEW ST		<b>Telephone</b> (417) 683-4129	Alzheimer's Unit No
AVA	MO 65608-8903	Level of Care: SNF	Bed Capacity 120
Mailing Address PO BOX 727		County DOUGLAS	DMH Licensed No
AVA	MO 65608-0727	Region 1 Medicare/Medicaid	Facility Number 01290
HEARTLAND CARE AND REHABIL	ITATION CENTER		
2525 BOUTIN DR		<b>Telephone</b> (573) 334-5225	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63701-8551	Level of Care: SNF	<b>Bed Capacity</b> 102
Mailing Address 2525 BOUTIN DR		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-8551	Region 2 Medicare/Medicaid	Facility Number 01023
HEARTLAND II RESIDENTIAL CAR	RE FACILITY, INC		
117 SOUTH 15TH ST		<b>Telephone</b> (816) 676-1506	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-2904	Level of Care: RCF*	<b>Bed Capacity</b> 52
Mailing Address 117 SOUTH 15TH ST		County BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH	MO 64501-2904	Region 4	Facility Number 18620
HEARTLAND III RCF			
1606 SOUTH 38TH ST		<b>Telephone</b> (816) 689-1084	Alzheimer's Unit No
SAINT JOSEPH	MO 64507-2216	Level of Care: RCF	Bed Capacity 18
Mailing Address PO BOX 8923		<b>County</b> BUCHANAN	<b>DMH Licensed</b> Yes
SAINT JOSEPH	MO 64508-8923	Region 4	Facility Number 00920
HEISINGER BLUFFS HEALTHCARI	E WESTERN CAMPUS		
1306 WEST MAIN ST		<b>Telephone</b> (573) 635-0166	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-1356	Level of Care: SNF	Bed Capacity 69
Mailing Address 1306 WEST MAIN ST		County COLE	DMH Licensed No

Medicare/Medicaid

**Facility Number** 

07572

MO 65109-1356

JEFFERSON CITY

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HEISINGER BLUFFS REHAB AND H	HEALTHCARE CENTER		
1002 WEST MAIN ST		<b>Telephone</b> (573) 636-6288	Alzheimer's Unit No
JEFFERSON CITY	MO 65109-6901	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 1002 WEST MAIN ST		County COLE	<b>DMH Licensed</b> No
JEFFERSON CITY	MO 65109-6901	Region 6 Medicare/Medicaid	Facility Number 03479
HEISINGER BLUFFS SENIOR LIVIN	NC.		
1002 WEST MAIN ST	<b>1</b> G	<b>Telephone</b> (573) 636-6288	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-6901	Level of Care: ALF**	Bed Capacity 111
Mailing Address 1002 WEST MAIN ST		County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-6901	Region 6	Facility Number 03479
JEITERSON CITT	WIO 03107-0701	Region 0	racinty Number 03479
HENLEY PLACE OF NEOSHO, A SE	NIOR RESIDENCE BY AMERICARE		
1105 VILLAGE RD		<b>Telephone</b> (417) 451-1000	Alzheimer's Unit No
NEOSHO	MO 64850-9076	Level of Care: RCF	Bed Capacity 50
Mailing Address 1105 VILLAGE RD		County NEWTON	<b>DMH Licensed</b> No
NEOSHO	MO 64850-9076	Region 1	Facility Number 20193
HERITAGE CARE CENTER			
4401 NORTH HANLEY RD		<b>Telephone</b> (314) 521-7471	Alzheimer's Unit No
SAINT LOUIS	MO 63134-2710	Level of Care: SNF	Bed Capacity 120
Mailing Address 4401 NORTH HANLE		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63134-2710	Region 7 Medicare/Medicaid	Facility Number 00411
511111 20010	2710	region , interical contentant	Tuenty Humber 00411
HERITAGE HALL NURSING CENTI	ER		
750 EAST HIGHWAY 22		<b>Telephone</b> (573) 682-5551	Alzheimer's Unit No
CENTRALIA	MO 65240-1146	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 750 EAST HIGHWAY		County BOONE	<b>DMH Licensed</b> No
CENTRALIA	MO 65240-1146	Region 6 Medicare/Medicaid	Facility Number 03069
HERITAGE HILLS ASSISTED LIVIN	NG FACILITY		
9651 STATE HIGHWAY 72		<b>Telephone</b> (573) 866-2003	Alzheimer's Unit No
PATTON	MO 63662-9760	Level of Care: ALF	Bed Capacity 24
Mailing Address PO BOX B		County BOLLINGER	<b>DMH Licensed</b> Yes
PATTON	MO 63662-0010	Region 2	Facility Number 18783
HERITAGE NURSING CENTER - SK	TILLED NURSING BY AMERICADE		
1802 SAINT FRANCIS ST	TOTAL OF THE MEANE	<b>Telephone</b> (573) 888-1044	Alzheimer's Unit No
KENNETT	MO 63857-1568	Level of Care: SNF	Bed Capacity 72
Mailing Address PO BOX 827		County DUNKLIN	DMH Licensed No
KENNETT	MO 63857-0827	Region 2 Medicare/Medicaid	Facility Number 17533
HEDMITACE MIDEING & DEITAD			
HERMITAGE NURSING & REHAB 18599 FIRST STREET		<b>Telephone</b> (417) 745-2111	Alzheimer's Unit Yes
HERMITAGE	MO 65668-9129	Level of Care: SNF	Bed Capacity 120
Mailing Address PO BOX 325	110 00000 7127	County HICKORY	DMH Licensed No
HERMITAGE	MO 65668-0325	Region 1 Medicare/Medicaid	Facility Number 10240
III.UIIIIIOD	1.10 05000 0525	region i miculcai c/miculcalu	10240

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HICKORY MANOR		T. 1 (572) (74.2111	
209 HICKORY ST	110 55510 0015	<b>Telephone</b> (573) 674-2111	Alzheimer's Unit No
LICKING	MO 65542-9847	Level of Care: SNF	Bed Capacity 60
Mailing Address 209 HICKORY ST	110 - 555 10 - 00 15	County TEXAS	DMH Licensed No
LICKING	MO 65542-9847	Region 2 Medicare/Medicaid	Facility Number 07929
HIDDEN ACRES ASSISTED LIVING	<b>;</b>		
19235 STATE ROUTE EE		<b>Telephone</b> (573) 756-8141	Alzheimer's Unit No
SAINTE GENEVIEVE	MO 63670-8213	Level of Care: ALF	Bed Capacity 18
Mailing Address 19235 STATE ROUT	E EE	County SAINTE GENEVIEVE	DMH Licensed Yes
SAINTE GENEVIEVE	MO 63670-8213	Region 2	Facility Number 19721
HIDDEN ACRES ASSISTED LIVING	HILLC		
19235 STATE ROUTE EE		<b>Telephone</b> (573) 756-8141	Alzheimer's Unit No
SAINTE GENEVIEVE	MO 63670-8213	Level of Care: ALF	Bed Capacity 18
Mailing Address 19235 STATE ROUT	E EE	County SAINTE GENEVIEVE	DMH Licensed Yes
SAINTE GENEVIEVE	MO 63670-8213	Region 2	Facility Number 11134
HIGHLAND CREST - ASSISTED LIV	VING RV AMERICARE		
2204 S HALLIBURTON ST	THO DT MINERICANE	<b>Telephone</b> (660) 627-8004	Alzheimer's Unit No
KIRKSVILLE	MO 63501-4651	Level of Care: ALF**	Bed Capacity 42
Mailing Address 2204 S HALLIBURTO		County ADAIR	DMH Licensed No
KIRKSVILLE	MO 63501-4651	Region 5	Facility Number 16785
		region -	10/05
HIGHLAND REHABILITATION & I	HEALTH CARE CENTER		
904 EAST 68TH ST		<b>Telephone</b> (816) 333-5485	Alzheimer's Unit NO
KANSAS CITY	MO 64131-1305	Level of Care: SNF	<b>Bed Capacity</b> 162
Mailing Address 904 EAST 68TH ST		<b>County</b> JACKSON	<b>DMH Licensed</b> No
KANSAS CITY	MO 64131-1305	Region 3 Medicare/Medicaid	Facility Number 06782
HILL CREST MANOR			
801 SOUTH COLBY		<b>Telephone</b> (816) 583-2119	Alzheimer's Unit No
HAMILTON	MO 64644-8287	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 801 SOUTH COLBY		County CALDWELL	<b>DMH Licensed</b> No
HAMILTON	MO 64644-8287	Region 4 Medicare/Medicaid	Facility Number 03315
HILL CREST MANOR			
801 SOUTH COLBY		<b>Telephone</b> (816) 583-2119	Alzheimer's Unit No
HAMILTON	MO 64644-8287	Level of Care: RCF	<b>Bed Capacity</b> 24
Mailing Address 801 SOUTH COLBY		County CALDWELL	DMH Licensed No
HAMILTON	MO 64644-8287	Region 4	Facility Number 03315
HILLCREST CARE CENTER, INC			
1108 CLARKE ST		<b>Telephone</b> (636) 586-3022	Alzheimer's Unit No
DE SOTO			D 10 11 100
DE SOTO	MO 63020-2706	Level of Care: SNF	<b>Bed Capacity</b> 120
Mailing Address 1108 CLARKE ST DE SOTO	MO 63020-2706	Level of Care: SNF County JEFFERSON Region 2 Medicare/Medicaid	DMH Licensed No Facility Number 20084

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HILLSIDE LIVING CENTER			
10160 RESTORATION CIRCLE ROAD	<b>Telephone</b> (573) 562-0303	Alzheimer's Unit	No
MINERAL POINT MO 63660-8538	Level of Care: ALF**	Bed Capacity	60
Mailing Address PO BOX 534	County WASHINGTON	DMH Licensed	Yes
PARK HILLS MO 63601-0534	Region 2	Facility Number	09270
HILLSIDE REHAB AND HEALTHCARE CENTER			
1265 MCLARAN AVE	<b>Telephone</b> (314) 388-4121	Alzheimer's Unit	Yes
SAINT LOUIS MO 63147-1606	Level of Care: SNF	Bed Capacity	208
	County SAINT LOUIS CITY	DMH Licensed	No
Mailing Address 1265 MCLARAN AVE SAINT LOUIS MO 63147-1606	•	Facility Number	
SAINT LOUIS 1910 03147-1000	Region 7 Medicare/Medicaid	Facility Number	04687
HILLTOP AT BLUE RIVER, THE			
10425 CHESTNUT DR	<b>Telephone</b> (816) 763-4444	Alzheimer's Unit	Yes
KANSAS CITY MO 64137-3201	Level of Care: SNF	Bed Capacity	160
Mailing Address 10425 CHESTNUT DR	County JACKSON	DMH Licensed	No
KANSAS CITY MO 64137-3201	Region 3 Medicare/Medicaid	Facility Number	19114
HILLTOP HAVEN RESIDENTIAL CARE FACILITY			
18941 CR 305A	<b>Telephone</b> (573) 226-5426	Alzheimer's Unit	No
EMINENCE MO 65466-9702	Level of Care: RCF	<b>Bed Capacity</b>	20
Mailing Address 18941 CR 305A	County SHANNON	DMH Licensed	No
EMINENCE MO 65466-9702	Region 2	Facility Number	03615
HOLDEN MANOR HEALTH & REHABILITATION			
HOLDEN MANOR HEALTH & REHABILITATION 2005 SOUTH LEXINGTON	<b>Telephone</b> (816) 732-4138	Alzheimer's Unit	No
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610	Level of Care: SNF	<b>Bed Capacity</b>	No 52
2005 SOUTH LEXINGTON	• '	Bed Capacity DMH Licensed	
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610	Level of Care: SNF	<b>Bed Capacity</b>	52
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610	Level of Care: SNF County JOHNSON	Bed Capacity DMH Licensed	52 No
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	52 No 08334
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	52 No 08334 No
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	52 No 08334 No 20
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	52 No 08334 No 20 No
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	52 No 08334 No 20
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	52 No 08334 No 20 No
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	52 No 08334 No 20 No
HOLDEN MO 64040-1610  Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  HOLLY HILLS RETIREMENT HOME	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	52 No 08334 No 20 No 19872
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610 Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298 Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY Region 2  Telephone (314) 351-0767	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	52 No 08334 No 20 No 19872
HOLDEN MO 64040-1610  Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY Region 2  Telephone (314) 351-0767 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	52 No 08334 No 20 No 19872
HOLDEN MO 64040-1610  Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808  Mailing Address 6421 MINNESOTA	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY Region 2  Telephone (314) 351-0767 Level of Care: RCF* County SAINT LOUIS CITY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	52 No 08334 No 20 No 19872
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808  Mailing Address 6421 MINNESOTA SAINT LOUIS MO 63111-2808  HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY Region 2  Telephone (314) 351-0767 Level of Care: RCF* County SAINT LOUIS CITY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	52 No 08334 No 20 No 19872 No 15 Yes 03678
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808  Mailing Address 6421 MINNESOTA SAINT LOUIS MO 63111-2808  HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY 1481 MARBACH DRIVE	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY Region 2  Telephone (314) 351-0767 Level of Care: RCF* County SAINT LOUIS CITY Region 7  Y, THE Telephone (636) 239-1941	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	52 No 08334 No 20 No 19872 No 15 Yes 03678
HOLDEN MO 64040-1610  Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808  Mailing Address 6421 MINNESOTA SAINT LOUIS MO 63111-2808  HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY 1481 MARBACH DRIVE WASHINGTON MO 63090-4636	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY Region 2  Telephone (314) 351-0767 Level of Care: RCF* County SAINT LOUIS CITY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	52 No 08334 No 20 No 19872 No 15 Yes 03678
2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  Mailing Address 2005 SOUTH LEXINGTON HOLDEN MO 64040-1610  HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  Mailing Address 1019 OLD ST MARY'S RD PERRYVILLE MO 63775-1298  HOLLY HILLS RETIREMENT HOME 6421 MINNESOTA SAINT LOUIS MO 63111-2808  Mailing Address 6421 MINNESOTA SAINT LOUIS MO 63111-2808  HOMESTEAD AT HICKORY VIEW RETIREMENT COMMUNITY 1481 MARBACH DRIVE	Level of Care: SNF County JOHNSON Region 3 Medicare/Medicaid  Telephone (573) 547-7398 Level of Care: RCF* County PERRY Region 2  Telephone (314) 351-0767 Level of Care: RCF* County SAINT LOUIS CITY Region 7  Y, THE Telephone (636) 239-1941	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	52 No 08334 No 20 No 19872 No 15 Yes 03678

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HOPE CARE CENTER				
115 EAST 83RD ST		<b>Telephone</b> (816) 523-3988	Alzheimer's Unit	No
KANSAS CITY	MO 64114-2537	Level of Care: SNF	Bed Capacity	16
Mailing Address 115 EAST 83RD ST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-2537	Region 3 Medicaid	Facility Number	21370
HOPEDALE COTTAGE ASSISTED	LIVING THE			
1314 W SCHOOL STREET	LIVING THE	<b>Telephone</b> (417) 581-1308	Alzheimer's Unit	Yes
OZARK	MO 65721-6618	Level of Care: ALF**	Bed Capacity	14
Mailing Address 1314 W SCHOOL ST		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-6618	Region 1	Facility Number	30302
OLAKK	WO 03721-0016	Region 1	racinty Number	30302
HOUSE OF CARE CENTER				
3744 BENTON BLVD		<b>Telephone</b> (816) 921-6852	Alzheimer's Unit	No
KANSAS CITY	MO 64128-2515	Level of Care: RCF	<b>Bed Capacity</b>	8
Mailing Address 3744 BENTON BLVI	)	County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64128-7912	Region 3	Facility Number	17001
HOUSTON HOUSE				
HOUSTON HOUSE 1000 NORTH INDUSTRIAL DR		Tolonhone (417) 047 2527	Alabaira!- T7 '4	NT =
	MO 65483-9400	<b>Telephone</b> (417) 967-2527	Alzheimer's Unit	No 96
HOUSTON  Mailing Address BO BOY 100	MO 03483-9400	Level of Care: SNF County TEXAS	Bed Capacity DMH Licensed	90 No
Mailing Address PO BOX 199 HOUSTON	MO 65483-0199	0.04445		
HOUSTON	MO 03483-0199	Region 2 Medicare/Medicaid	Facility Number	10626
HUDSON HOUSE				
1700-B SOUTH HUDSON AVE		<b>Telephone</b> (417) 678-2169	Alzheimer's Unit	No
AURORA	MO 65605-2717	Level of Care: RCF*	<b>Bed Capacity</b>	41
Mailing Address 1700-B S HUDSON A	AVE	County LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1	Facility Number	10444
HUNTER ACRES CARING CENTER	•			
628 NORTH WEST ST	-	<b>Telephone</b> (573) 471-7130	Alzheimer's Unit	Yes
SIKESTON	MO 63801-4738	Level of Care: SNF	Bed Capacity	120
Mailing Address 628 NORTH WEST S	T	County SCOTT	DMH Licensed	No
SIKESTON	MO 63801-4738	Region 2 Medicare/Medicaid	Facility Number	07345
ICHITE MEDICAL DECORE STATE	CDDINGS			
IGNITE MEDICAL RESORT BLUE	SPRINGS	T-lh (917) (22 2000	A 1-1 1	NO
20511 E TRINITY PLACE	MO (4015 0501	Telephone (816) 622-2900	Alzheimer's Unit	NO
BLUE SPRINGS	MO 64015-9501	Level of Care: SNF	Bed Capacity DMH Licensed	90 N-
Moiling Address 20511 E TRIMITY DI	ACE	County IACKSON		No
Mailing Address 20511 E TRINITY PL		County JACKSON		22246
Mailing Address 20511 E TRINITY PL BLUE SPRINGS	ACE MO 64015-9501	County JACKSON  Region 3 Medicare/Medicaid	Facility Number	32246
BLUE SPRINGS  IGNITE MEDICAL RESORT CARO	MO 64015-9501	•		32246
BLUE SPRINGS	MO 64015-9501	•		32246 No
BLUE SPRINGS  IGNITE MEDICAL RESORT CARO	MO 64015-9501	Region 3 Medicare/Medicaid	Facility Number	
BLUE SPRINGS  IGNITE MEDICAL RESORT CARO 621 CARONDELET DR	MO 64015-9501  NDELET LLC  MO 64114-4670	Region 3 Medicare/Medicaid  Telephone (816) 941-1300	Facility Number  Alzheimer's Unit	No

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IGNITE MEDICAL RESORT KANSA	AS CITY LLC		
2100 NW BARRY ROAD		<b>Telephone</b> (816) 521-6610	Alzheimer's Unit No
KANSAS CITY	MO 64154-1000	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 2100 NW BARRY RO	OAD	County PLATTE	<b>DMH Licensed</b> No
KANSAS CITY	MO 64154-1000	Region 4 Medicare/Medicaid	Facility Number 31464
IGNITE MEDICAL RESORT ST MA	RYS LLC		
111 MOCK AVE		<b>Telephone</b> (816) 220-4200	Alzheimer's Unit Yes
BLUE SPRINGS	MO 64014-2504	Level of Care: SNF	Bed Capacity 130
Mailing Address 111 MOCK AVE		County JACKSON	DMH Licensed No
BLUE SPRINGS	MO 64014-2504	Region 3 Medicare/Medicaid	Facility Number 13219
INDEPENDENCE CARE CENTER O	F PERRY COUNTY		
800 SOUTH KINGSHIGHWAY	TERRI COCIVI	<b>Telephone</b> (573) 547-6546	Alzheimer's Unit Yes
PERRYVILLE	MO 63775-2106	Level of Care: SNF	Bed Capacity 133
Mailing Address 800 SOUTH KINGSH		County PERRY	DMH Licensed No
PERRYVILLE	MO 63775-2106	Region 2 Medicare/Medicaid	Facility Number 06393
	2100	Region 2 Medicare/Medicard	1 delity 1 daily 2
INDEPENDENCE COURT			
121 INDEPENDENCE DR		<b>Telephone</b> (573) 547-6546	Alzheimer's Unit No
PERRYVILLE	MO 63775-1496	Level of Care: RCF*	<b>Bed Capacity</b> 75
Mailing Address 121 INDEPENDENCE	E DR	County PERRY	DMH Licensed No
PERRYVILLE	MO 63775-1496	Region 2	Facility Number 06393
INDEPENDENCE MANOR CARE CE	NTED		
1600 SOUTH KINGS HIGHWAY		<b>Telephone</b> (816) 833-4777	Alzheimer's Unit Yes
INDEPENDENCE	MO 64055-1853	Level of Care: SNF	Bed Capacity 99
Mailing Address 1600 SOUTH KINGS		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64055-1853	Region 3 Medicare/Medicaid	Facility Number 03807
J & J RESIDENTIAL CARE FACILITY	ГҮ ІІ		
104 WESBECHER		<b>Telephone</b> (573) 238-4602	Alzheimer's Unit No
MARBLE HILL	MO 63764-0378	Level of Care: RCF*	<b>Bed Capacity</b> 12
Mailing Address PO BOX 378		County BOLLINGER	DMH Licensed Yes
MARBLE HILL	MO 63764-0378	Region 2	Facility Number 07171
JACKSON CREEK MEMORY CARE			
19400 EAST 40TH ST COURT SOUTH		<b>Telephone</b> (816) 478-5689	Alzheimer's Unit Yes
INDEPENDENCE	MO 64057-1548	Level of Care: ICF	Bed Capacity 70
Mailing Address 19400 EAST 40TH ST	COURT SOUTH	County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64057-1548	Region 3	Facility Number 25894
JACKSON CREEK POST ACUTE			
3980 SOUTH JACKSON DR		<b>Telephone</b> (816) 795-1433	Alzheimer's Unit No
INDEPENDENCE	MO 64057-2205	Level of Care: ALF**	Bed Capacity 62
Mailing Address 3980 S JACKSON DR		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64057-2205	Region 3	Facility Number 25709

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JACKSON CREEK POST ACUTE		
3980 SOUTH JACKSON DR	Telephone (816) 795-1433 Alzheimer's Unit N	o
INDEPENDENCE MO 640:	57-2205 Level of Care: SNF Bed Capacity 12	20
Mailing Address 3980 S JACKSON DR	County JACKSON DMH Licensed N	lo
INDEPENDENCE MO 640:	57-2205 Region 3 Medicare/Medicaid Facility Number 2570	9
JACKSON MANOR		
710 BROADRIDGE DR	Telephone (573) 243-3101 Alzheimer's Unit N	o
JACKSON MO 637:		00
Mailing Address 710 BROADRIDGE DR		lo
JACKSON MO 637:	·	88
	•	
JACOBS CARE CENTER, LLC		
932 WEST STATE	Telephone (417) 865-6140 Alzheimer's Unit N	О
SPRINGFIELD MO 6580	• • • • • • • • • • • • • • • • • • • •	2
Mailing Address 932 WEST STATE	County GREENE DMH Licensed Ye	
SPRINGFIELD MO 6580	•	9
JAMES RIVER NURSING AND REHABILITAT	TION	
3550 EAST BATTLEFIELD	Telephone (417) 889-9500 Alzheimer's Unit N	o
SPRINGFIELD MO 6580	* * * *	20
Mailing Address 3550 EAST BATTLEFIELD		Ю
SPRINGFIELD MO 6580		
	Treatent of Treate	
JANE HOWELL STUPP APARTMENTS		
2443 PROUHET AVE	Telephone (314) 890-7100 Alzheimer's Unit N	o
OVERLAND MO 631	• • • • • • • • • • • • • • • • • • • •	80
Mailing Address 2443 PROUHET AVE	County SAINT LOUIS COUNTY DMH Licensed Ye	es
OVERLAND MO 631	·	59
JEANNE JUGAN CENTER		
JEANNE JUGAN CENTER 8745 JAMES A REED ROAD	Telephone (816) 761-4744 Alzheimer's Unit N	o
	•	lo 26
8745 JAMES A REED ROAD	38-4414 Level of Care: ICF Bed Capacity 2	
8745 JAMES A REED ROAD KANSAS CITY MO 6411	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N	26 Io
8745 JAMES A REED ROAD KANSAS CITY MO 6411 Mailing Address 8745 JAMES A REED RD	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N	26 Io
8745 JAMES A REED ROAD KANSAS CITY MO 6411 Mailing Address 8745 JAMES A REED RD	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N	26 Io
8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N	26 Io 24
8745 JAMES A REED ROAD KANSAS CITY MO 6411 Mailing Address 8745 JAMES A REED RD KANSAS CITY MO 6411  JEANNE JUGAN CENTER	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N 38-4414 Region 3 Medicaid Facility Number 1272  Telephone (816) 761-4744 Alzheimer's Unit N	26 Io 24
8745 JAMES A REED ROAD  KANSAS CITY MO 641:  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 641:  JEANNE JUGAN CENTER  8745 JAMES A REED ROAD	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N 38-4414 Region 3 Medicaid Facility Number 1272  Telephone (816) 761-4744 Alzheimer's Unit N 38-4414 Level of Care: SNF Bed Capacity 2	26 Io 24
8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEANNE JUGAN CENTER  8745 JAMES A REED ROAD  KANSAS CITY MO 6412	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N 38-4414 Region 3 Medicaid Facility Number 1272  Telephone (816) 761-4744 Alzheimer's Unit N Level of Care: SNF Bed Capacity 2 County JACKSON DMH Licensed N	26 Jo 24
8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEANNE JUGAN CENTER  8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N 38-4414 Region 3 Medicaid Facility Number 1272  Telephone (816) 761-4744 Alzheimer's Unit N Level of Care: SNF Bed Capacity 2 County JACKSON DMH Licensed N	26 No 24
8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEANNE JUGAN CENTER  8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N 38-4414 Region 3 Medicaid Facility Number 1272  Telephone (816) 761-4744 Alzheimer's Unit N Level of Care: SNF Bed Capacity 2 County JACKSON DMH Licensed N	26 Jo 24
8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEANNE JUGAN CENTER  8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N 38-4414 Region 3 Medicaid Facility Number 1272  Telephone (816) 761-4744 Alzheimer's Unit N Level of Care: SNF Bed Capacity 2 County JACKSON DMH Licensed N	26 Jo 24 Jo Jo
8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEANNE JUGAN CENTER  8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEFFERSON CITY MANOR CARE CENTER	Alzheimer's Unit  Telephone (816) 761-4744  Level of Care: SNF Bed Capacity 2  Telephone (816) 761-4744  Level of Care: SNF Bed Capacity 1272  Telephone (816) 761-4744  Level of Care: SNF Bed Capacity 2  County JACKSON DMH Licensed N  Region 3 Medicaid Facility Number 1272  Telephone (573) 635-6193  Alzheimer's Unit N	26 Jo 24 Jo 26 Jo 24
8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEANNE JUGAN CENTER  8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEFFERSON CITY MANOR CARE CENTER  1720 VIETH DR	38-4414 Level of Care: ICF Bed Capacity 2 County JACKSON DMH Licensed N 38-4414 Region 3 Medicaid Facility Number 1272  Telephone (816) 761-4744 Alzheimer's Unit N 38-4414 Level of Care: SNF Bed Capacity 2 County JACKSON DMH Licensed N 38-4414 Region 3 Medicaid Facility Number 1272  Telephone (573) 635-6193 Alzheimer's Unit N	26 Jo 24 Jo 26 Jo 24
8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEANNE JUGAN CENTER  8745 JAMES A REED ROAD  KANSAS CITY MO 6412  Mailing Address 8745 JAMES A REED RD  KANSAS CITY MO 6412  JEFFERSON CITY MANOR CARE CENTER  1720 VIETH DR  JEFFERSON CITY MO 6510	Level of Care: ICF County JACKSON Bed Capacity 2 County JACKSON Bed Capacity 38-4414 Region 3 Medicaid Facility Number 1272  Telephone (816) 761-4744 Alzheimer's Unit N Level of Care: SNF Bed Capacity 2 County JACKSON DMH Licensed N Region 3 Medicaid Facility Number 1272  Telephone (573) 635-6193 Alzheimer's Unit N Level of Care: SNF Bed Capacity 109-2522 Level of Care: SNF Bed Capacity N DMH Licensed N O9-2522 DMH Licensed N	26 10 24 10 26 10 24

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JEFFERSON CITY NURSING AND	REHABILITATION CENTER, LLC		
1221 SOUTHGATE LN		<b>Telephone</b> (573) 635-3131	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-2465	Level of Care: SNF	<b>Bed Capacity</b> 120
Mailing Address PO BOX 104118		County COLE	<b>DMH Licensed</b> No
JEFFERSON CITY	MO 65110-4118	Region 6 Medicare/Medicaid	Facility Number 01865
TEEFEDGON CARDENG ACCIGRE	DI IWING BY AMERICARE		
JEFFERSON GARDENS - ASSISTEI	DLIVING BY AMERICARE	T-11 (660) 885 0770	Al-la-i
509 WEST ROGERS ST	MO 64735-2548	Telephone (660) 885-9770 Level of Care: ALF**	Alzheimer's Unit No Bed Capacity 42
CLINTON  Matter Address 500 WEST BOCERS			
Mailing Address 509 WEST ROGERS CLINTON	MO 64735-2548		
CLINTON	WO 04733-2348	Region 1	Facility Number 20603
JEFFERSON HEALTH CARE			
615 SW OLDHAM PARKWAY		<b>Telephone</b> (816) 524-3328	Alzheimer's Unit No
LEE'S SUMMIT	MO 64081-2602	Level of Care: SNF	Bed Capacity 120
Mailing Address 615 SW OLDHAM P	KWY	County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-2602	Region 3 Medicare/Medicaid	Facility Number 04415
		8	•
JOE CLARK RESIDENTIAL CARE	HOME		
1495 EAST ASHLAND ST		<b>Telephone</b> (417) 667-5000	Alzheimer's Unit No
NEVADA	MO 64772-4016	Level of Care: ALF**	<b>Bed Capacity</b> 34
Mailing Address PO BOX 246		County VERNON	<b>DMH Licensed</b> No
NEVADA	MO 64772-0246	Region 1	Facility Number 23419
JOHN KNOX VILLAGE CARE CEN	TER		
600 NW PRYOR ROAD		<b>Telephone</b> (816) 347-2400	Alzheimer's Unit Yes
LEE'S SUMMIT	MO 64081-1104	Level of Care: SNF	Bed Capacity 408
Mailing Address 600 NW PRYOR RD		County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-1104	Region 3 Medicare/Medicaid	Facility Number 14529
JOHNSON COUNTY CARE CENTE 122 EAST MARKET ST	R	<b>Telephone</b> (660) 747-8101	Alzheimer's Unit No
WARRENSBURG	MO 64093-1818	Level of Care: ICF	Bed Capacity 87
Mailing Address 122 EAST MARKET		County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-1818	Region 3 Medicaid	Facility Number 05309
JOLET HOME			
3920 FOREST		<b>Telephone</b> (816) 531-5308	Alzheimer's Unit No
KANSAS CITY	MO 64110-1220	Level of Care: RCF	Bed Capacity 17
Mailing Address 3920 FOREST		County JACKSON	<b>DMH Licensed</b> Yes
KANSAS CITY	MO 64110-1220	Region 3	Facility Number 03982
JONES' WILDWOOD CARE CENTH	ER		
12806 HWY 151		<b>Telephone</b> (660) 291-8636	Alzheimer's Unit No
MADISON	MO 65263-3114	Level of Care: RCF	Bed Capacity 32
Mailing Address PO BOX 69		County MONROE	DMH Licensed Yes
MADISON	MO 65263-0069	Region 5	Facility Number 08573
			•

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JOPLIN GARDENS			
2810 SOUTH JACKSON AVE		<b>Telephone</b> (417) 572-0041	Alzheimer's Unit No
JOPLIN	MO 64804-2524	Level of Care: SNF	<b>Bed Capacity</b> 92
Mailing Address 2810 SOUTH JACKS		County JASPER	<b>DMH Licensed</b> No
JOPLIN	MO 64804-2524	Region 1 Medicare/Medicaid	Facility Number 01373
JOPLIN HEALTH AND REHABILIT	'ATION CENTER		
2218 WEST 32ND ST	THION CENTER	<b>Telephone</b> (417) 623-5264	Alzheimer's Unit Yes
JOPLIN	MO 64804-3514	Level of Care: SNF	Bed Capacity 120
Mailing Address 2218 WEST 32ND ST		County NEWTON	DMH Licensed No
JOPLIN	MO 64804-3514	Region 1 Medicare/Medicaid	Facility Number 12583
JOY ADULT CARE CENTER			
614 SOUTH MAIN		<b>Telephone</b> (660) 885-8328	Alzheimer's Unit No
CLINTON	MO 64735-2620	Level of Care: RCF*	Bed Capacity 42
Mailing Address PO BOX 8	WIO 04733-2020	County HENRY	DMH Licensed Yes
CLINTON	MO 64735-0008		
CLINTON	MO 04733-0008	Region 1	Facility Number 07268
JOY ASSISTED LIVING FOR SENIO	ORS		
2030 W MOUNT VERNON ST		<b>Telephone</b> (417) 864-8805	Alzheimer's Unit No
SPRINGFIELD	MO 65802-4846	Level of Care: ALF	Bed Capacity 74
Mailing Address PO BOX 9655		County GREENE	DMH Licensed Yes
SPRINGFIELD	MO 65801-9655	Region 1	Facility Number 19668
KABUL NURSING HOMES, INC		T-l (417) 062 2712	Al-ladarant-Tirda Na
1000 MAIN ST	MO (5(0) 0125	<b>Telephone</b> (417) 962-3713	Alzheimer's Unit No
CABOOL 1000 MARY ST	MO 65689-9125	Level of Care: SNF	Bed Capacity 99
Mailing Address 1000 MAIN ST CABOOL	MO 65689-9125	County TEXAS	DMH Licensed No
CABOOL	MO 03089-9123	Region 2 Medicare/Medicaid	Facility Number 04085
KASEY PAIGE HEALTH CARE CE	NTER		
3715 JAMIESON AVE		<b>Telephone</b> (314) 781-0222	Alzheimer's Unit No
SAINT LOUIS	MO 63109-1109	Level of Care: RCF	Bed Capacity 111
Mailing Address 3715 JAMIESON AV	E	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63109-1109	Region 7	Facility Number 04650
WATEN MANOR			
KATY MANOR		m 1 - 1 - (CCO) 924 2111	A11.4
205 PROSPECT	MO (507( 1111	<b>Telephone</b> (660) 834-3111	Alzheimer's Unit No
PILOT GROVE	MO 65276-1111	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 8	MO (527/ 0000	County COOPER	DMH Licensed No
PILOT GROVE	MO 65276-0008	Region 6 Medicare/Medicaid	Facility Number 14982
KIDWELL HOME			
1000 KIDWELL DR		<b>Telephone</b> (573) 378-5175	Alzheimer's Unit No
VERSAILLES	MO 65084-1177	Level of Care: RCF*	Bed Capacity 44
Mailing Address 1000 KIDWELL DR		County MORGAN	DMH Licensed No
VERSAILLES	MO 65084-1177	Region 6	Facility Number 21631

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KINGDOM CARE SENIOR LIVING	LLC			
811 CENTER ST	220	<b>Telephone</b> (573) 642-6646	Alzheimer's Unit	No
FULTON	MO 65251-1922	Level of Care: ALF	Bed Capacity	41
Mailing Address 811 CENTER ST		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1922	Region 6	Facility Number	18735
			•	
KINGDOM CARE SENIOR LIVING	LLC			
811 CENTER ST		<b>Telephone</b> (573) 642-6646	Alzheimer's Unit	No
FULTON	MO 65251-1922	Level of Care: SNF	<b>Bed Capacity</b>	36
Mailing Address 811 CENTER ST		County CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1922	Region 6 Medicare/Medicaid	Facility Number	18735
KING'S DAUGHTERS HOME, THE				
620 WEST BOULEVARD ST		<b>Telephone</b> (573) 581-1577	Alzheimer's Unit	No
MEXICO	MO 65265-2199	Level of Care: ICF	Bed Capacity	39
Mailing Address 620 WEST BOULEV		County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-2199	Region 5	Facility Number	04146
MEAICO	WIO 03203-2199	Kegion 5	Facility Number	04140
KING'S DAUGHTERS HOME, THE				
620 WEST BOULEVARD ST		<b>Telephone</b> (573) 581-1577	Alzheimer's Unit	No
MEXICO	MO 65265-2199	Level of Care: RCF*	<b>Bed Capacity</b>	12
Mailing Address 620 WEST BOULEV	ARD ST	County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-2199	Region 5	Facility Number	04146
KINGSLAND WALK SENIOR LIVI	NC			
868 KINGSLAND AVENUE		<b>Telephone</b> (314) 955-6884	Alzheimer's Unit	Yes
UNIVERSITY CITY	MO 63130-3181	Level of Care: ALF**	Bed Capacity	70
Mailing Address 868 KINGSLAND AV		County SAINT LOUIS COUNTY	DMH Licensed	No
UNIVERSITY CITY	MO 63130-3181	Region 7	Facility Number	32203
KINGSWOOD		T-lL (916) 042 0004	A1-1	V
10000 WORNALL RD KANSAS CITY	MO 64114-4359	Telephone (816) 942-0994 Level of Care: ALF**	Alzheimer's Unit	Yes 67
			Bed Capacity DMH Licensed	
Mailing Address 10000 WORNALL R		County JACKSON		Yes
KANSAS CITY	MO 64114-4359	Region 3	Facility Number	04152
KINGSWOOD				
10000 WORNALL RD		<b>Telephone</b> (816) 942-0994	Alzheimer's Unit	Yes
KANSAS CITY	MO 64114-4359	Level of Care: SNF	<b>Bed Capacity</b>	86
Mailing Address 10000 WORNALL R	D	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-4359	Region 3 Medicare/Medicaid	Facility Number	04152
KIRKSVILLE MANOR CARE CENT	ΓΕΚ			
1705 EAST LAHARPE		<b>Telephone</b> (660) 665-3774	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-3927	Level of Care: SNF	Bed Capacity	132
Mailing Address 1705 EAST LAHARI	PE	County ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-3927	Region 5 Medicare/Medicaid	Facility Number	04161
		-	-	

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KNOX COUNTY NURSING HOME I	DISTRICT		
55774 STATE HIGHWAY 6		<b>Telephone</b> (660) 397-2282	Alzheimer's Unit No
EDINA	MO 63537-4253	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 55774 STATE HIGHY	WAY 6	County KNOX	<b>DMH Licensed</b> No
EDINA	MO 63537-4253	Region 5 Medicare/Medicaid	Facility Number 04173
LA BELLE MANOR CARE CENTER	R		
1002 CENTRAL		<b>Telephone</b> (660) 213-3234	Alzheimer's Unit Yes
LA BELLE	MO 63447-2092	Level of Care: SNF	<b>Bed Capacity</b> 94
Mailing Address 1002 CENTRAL		County LEWIS	DMH Licensed No
LA BELLE	MO 63447-2092	Region 5 Medicare/Medicaid	Facility Number 04212
LA BONNE MAISON-ASSISTED LIV	VING BY AMERICARE		
226 PLAZA DR		<b>Telephone</b> (573) 472-2546	Alzheimer's Unit No
SIKESTON	MO 63801-5105	Level of Care: ALF**	Bed Capacity 36
Mailing Address 226 PLAZA DR	WO 03001-3103	County SCOTT	DMH Licensed No
SIKESTON	MO 63801-5105	·	
SIKESTON	MO 63801-3105	Region 2	Facility Number 28804
I A DI AMA NUMBER SE SE SE			
LA PLATA NURSING HOME			
100 OLD STAGECOACH RD		<b>Telephone</b> (660) 332-4315	Alzheimer's Unit No
LA PLATA	MO 63549-1362	Level of Care: SNF	<b>Bed Capacity</b> 52
Mailing Address 100 OLD STAGECO	ACH RD	County MACON	<b>DMH Licensed</b> No
LA PLATA	MO 63549-1362	Region 5 Medicare/Medicaid	Facility Number 04395
LACLEDE COMMONS			
727 S LACLEDE STATION RD		<b>Telephone</b> (314) 968-5570	Alzheimer's Unit Yes
SAINT LOUIS	MO 63119-4911	Level of Care: ALF**	Bed Capacity 242
Mailing Address 727 S LACLEDE STA	ATION RD	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63119-4911	Region 7	Facility Number 17713
LACOBA HOMES, INC			
850 HIGHWAY 60		<b>Telephone</b> (417) 235-7895	Alzheimer's Unit No
MONETT	MO 65708-9376	Level of Care: SNF	Bed Capacity 79
Mailing Address PO BOX 885	1120 03700 7370	County BARRY	DMH Licensed No
MONETT	MO 65708-0885	Region 1 Medicare/Medicaid	Facility Number 04315
MONETI	WIO 03708-0883	kegion i Medicare/Medicaid	racinty Number 04313
LAKE GEORGE ASSISTED LIVING	<u>.</u>		
	•	Tolophono (572) 442 0577	Alghoimon's Tinit
5000 E RICHLAND RD	NO (5201 0505	<b>Telephone</b> (573) 442-0577	Alzheimer's Unit No
COLUMBIA	MO 65201-9606	Level of Care: ALF**	Bed Capacity 10
Mailing Address 5000 EAST RICHLA		County BOONE	<b>DMH Licensed</b> No
COLUMBIA	MO 65201-9606	Region 6	Facility Number 28997
LAKE PARKE SENIOR LIVING		T-1	Allahadan and STAM
145 4TH ST	150 (5000 5100	<b>Telephone</b> (573) 745-0874	Alzheimer's Unit No
CAMDENTON	MO 65020-7138	Level of Care: ALF	Bed Capacity 74
Mailing Address 145 4TH ST		County CAMDEN	<b>DMH Licensed</b> No
CAMDENTON	MO 65020-7138	Region 6	Facility Number 30084

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<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

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LAKE PARKE SENIOR LIVING				
145 4TH ST	1.0	<b>Telephone</b> (573) 745-0874	Alzheimer's Unit	NO
CAMDENTON	MO 65020-7138	Level of Care: ALF**	Bed Capacity	22
Mailing Address 145 4TH ST		County CAMDEN	DMH Licensed	No
CAMDENTON	MO 65020-7138	Region 6	Facility Number	30084
*	VINCE A DA DID GENERA			
LAKE ST CHARLES ASSISTED LIV	/ING APARTMENTS	(626) 047 1100		N
45 HONEY LOCUST LN	MO 62202 5711	<b>Telephone</b> (636) 947-1100	Alzheimer's Unit	No
SAINT CHARLES	MO 63303-5711	Level of Care: ALF	Bed Capacity	50
Mailing Address 45 HONEY LOCUST		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63303-5711	Region 5	Facility Number	18030
LAKE STOCKTON HEALTHCARE	FACILITY			
1523 3RD ROAD		<b>Telephone</b> (417) 276-5126	Alzheimer's Unit	Yes
STOCKTON	MO 65785-9608	Level of Care: SNF	Bed Capacity	90
Mailing Address PO BOX 945	112 02702 3000	County CEDAR	DMH Licensed	No
STOCKTON	MO 65785-0945	Region 1 Medicare/Medicaid	Facility Number	07680
BIOCKION	WO 03703 0743	Region 1 Medical e/Medicald	Tacinty Number	07080
LAKESHORES RESIDENTIAL CAR	RE FACILITY			
102 SOUTH BOLIVAR RD		<b>Telephone</b> (417) 754-2272	Alzheimer's Unit	No
HUMANSVILLE	MO 65674-8553	Level of Care: RCF*	Bed Capacity	30
Mailing Address PO BOX 221		County POLK	DMH Licensed	Yes
HUMANSVILLE	MO 65674-0221	Region 1	Facility Number	15309
			٠	
LAKESIDE MOUNTAIN MANOR				
238 HARMONY HEIGHTS		<b>Telephone</b> (417) 546-5595	Alzheimer's Unit	No
FORSYTH	MO 65653-5533	Level of Care: RCF	<b>Bed Capacity</b>	40
Mailing Address 238 HARMONY HEI	GHTS	County TANEY	DMH Licensed	Yes
FORSYTH	MO 65653-5533	Region 1	Facility Number	06232
I AMECIDE CHITEC				
LAKESIDE SUITES		Telephone (660) 547 2222	Alahaiman'a Unit	No
205 TIMBERLINE DR	MO 65229 2007	<b>Telephone</b> (660) 547-3322	Alzheimer's Unit	No
LINCOLN  Matter Address 205 TIMBERI NIE D	MO 65338-2007	Level of Care: ALF County BENTON	Bed Capacity DMH Licensed	14 N-
Mailing Address 205 TIMBERLINE D				No
LINCOLN	MO 65338-2007	Region 6	Facility Number	04803
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER			
1450 ASHLEY RD		<b>Telephone</b> (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care: ICF	Bed Capacity	19
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6 Medicaid	Facility Number	01602
· ·	***-			01002
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER			
1450 ASHLEY RD		<b>Telephone</b> (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care: SNF	Bed Capacity	60
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6 Medicare/Medicaid	Facility Number	01602

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LAKEVIEW HEALTH CARE & REH	ABILITATION CENTER			
1450 ASHLEY RD		<b>Telephone</b> (660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care: RCF*	Bed Capacity	17
Mailing Address 1450 ASHLEY RD		County COOPER	DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6	Facility Number	01602
LAKEVIEW POST ACUTE				
1201 GARDEN PLAZA DR		<b>Telephone</b> (314) 831-3752	Alzheimer's Unit	No
FLORISSANT	MO 63033-2230	Level of Care: SNF	Bed Capacity	120
Mailing Address 1201 GARDEN PLAZ	A DR	County SAINT LOUIS COUNTY	DMH Licensed	No
FLORISSANT	MO 63033-2230	Region 7 Medicare/Medicaid	Facility Number	27146
A LANDANG OF A GOLDEN A WAYNOR D				
LAKEWOOD - ASSISTED LIVING B	Y AMERICARE	T-l (417) 991 1411	A 1-1	<b>V</b>
4685 ROBBERSON AVE	MO (5010 1705	<b>Telephone</b> (417) 881-1411	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-1785	Level of Care: ALF**	Bed Capacity	67
Mailing Address 4685 ROBBERSON A		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-1785	Region 1	Facility Number	23613
LAMPLIGHT VILLAGE				
309 LOCUST ST		<b>Telephone</b> (417) 256-2749	Alzheimer's Unit	No
WEST PLAINS	MO 65775-3906	Level of Care: RCF*	Bed Capacity	32
Mailing Address PO BOX 166		County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0166	Region 2	Facility Number	21563
		S	·	
LANDING OF O'FALLON, THE				
1000 LANDING CIRCLE		<b>Telephone</b> (636) 669-0780	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63304-7647	Level of Care: ALF**	Bed Capacity	142
Mailing Address 1000 LANDING CIRC	CLE	County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63304-7647	Region 5	Facility Number	31181
LANDMARK VILLA ALF				
1101 OZARK AVE		<b>Telephone</b> (417) 962-3700	Alzheimer's Unit	No
CABOOL	MO 65689-7362	Level of Care: ALF	Bed Capacity	44
Mailing Address 1101 OZARK AVE		County TEXAS	DMH Licensed	Yes
CABOOL	MO 65689-7362	Region 2	Facility Number	04085
LANSDOWNE VILLAGE				
4624 LANSDOWNE AVE		<b>Telephone</b> (314) 351-6888	Alzheimer's Unit	No
SAINT LOUIS	MO 63116-1523	Level of Care: SNF	Bed Capacity	145
Mailing Address 4624 LANSDOWNE A		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63116-1523	Region 7 Medicare/Medicaid	Facility Number	14557
LAURIE CARE CENTER				
610 HWY O		<b>Telephone</b> (573) 374-8263	Alzheimer's Unit	Yes
LAURIE	MO 65038-1068	Level of Care: SNF	Bed Capacity	108
Mailing Address PO BOX 1068		County MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6 Medicare/Medicaid	Facility Number	04449

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LAURIE KNOLLS				
610 HIGHWAY O		<b>Telephone</b> (573) 374-8263	Alzheimer's Unit	No
LAURIE	MO 65038-1068	Level of Care: RCF*	Bed Capacity	66
Mailing Address PO BOX 1068		County MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6	Facility Number	04449
LAVERNA MANOR HEALTH & RE	CHABILITATION			
904 SOUTH HALL AVE		<b>Telephone</b> (816) 324-3185	Alzheimer's Unit	Yes
SAVANNAH	MO 64485-1952	Level of Care: SNF	Bed Capacity	120
Mailing Address 904 SOUTH HALL A		County ANDREW	DMH Licensed	No
SAVANNAH	MO 64485-1952	Region 4 Medicare/Medicaid	Facility Number	04478
			•	
LAWRENCE COUNTY MANOR		<b>T. 1</b>		
915 CARL ALLEN ST		<b>Telephone</b> (417) 466-2183	Alzheimer's Unit	Yes
MT VERNON	MO 65712-1612	Level of Care: SNF	Bed Capacity	90
Mailing Address 915 CARL ALLEN S		County LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1612	Region 1 Medicare/Medicaid	Facility Number	04349
LAWRENCE COUNTY RESIDENTI	AL CARE CENTER			
915 CARL ALLEN ST		<b>Telephone</b> (417) 466-2183	Alzheimer's Unit	No
MT VERNON	MO 65712-1612	Level of Care: RCF*	<b>Bed Capacity</b>	30
Mailing Address 915 CARL ALLEN S	T	County LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1612	Region 1	Facility Number	04349
I AWSON MANOD & DELLAD				
LAWSON MANOR & REHAB		Tolophone (916) 590 2260	Alzhaiman'a Unit	Vac
210 WEST 8TH TERRACE	MO 64062 0257	<b>Telephone</b> (816) 580-3269	Alzheimer's Unit	Yes
210 WEST 8TH TERRACE LAWSON	MO 64062-9357	Level of Care: SNF	Bed Capacity	60
210 WEST 8TH TERRACE LAWSON <b>Mailing Address</b> 210 WEST 8TH TER	RACE	Level of Care: SNF County RAY	Bed Capacity DMH Licensed	60 No
210 WEST 8TH TERRACE LAWSON		Level of Care: SNF	Bed Capacity	60
210 WEST 8TH TERRACE LAWSON <b>Mailing Address</b> 210 WEST 8TH TER	RACE	Level of Care: SNF County RAY	Bed Capacity DMH Licensed	60 No
210 WEST 8TH TERRACE LAWSON <b>Mailing Address</b> 210 WEST 8TH TER	RACE MO 64062-9357	Level of Care: SNF County RAY	Bed Capacity DMH Licensed	60 No
210 WEST 8TH TERRACE LAWSON <b>Mailing Address</b> 210 WEST 8TH TER LAWSON	RACE MO 64062-9357 EHAB	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173	Bed Capacity DMH Licensed	60 No
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON	RACE MO 64062-9357	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 07395 Yes 180
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD	RACE MO 64062-9357 EHAB	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 07395 Yes
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON	RACE MO 64062-9357 EHAB	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 07395 Yes 180
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD	RACE MO 64062-9357 EHAB MO 65536-3648	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 07395 Yes 180 No
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD	RACE MO 64062-9357  EHAB  MO 65536-3648  MO 65536-3648	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 07395 Yes 180 No
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON	RACE MO 64062-9357  EHAB  MO 65536-3648  MO 65536-3648	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 07395 Yes 180 No
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON  LEBANON  LEBANON	RACE MO 64062-9357  EHAB  MO 65536-3648  MO 65536-3648	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 07395 Yes 180 No 04369
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON  LEBANON  LEBANON SOUTH NURSING & RE 514 WEST FREMONT ROAD LEBANON	RACE MO 64062-9357  EHAB MO 65536-3648  MO 65536-3648  EHAB MO 65536-4244	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 07395 Yes 180 No 04369
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON  LEBANON  LEBANON SOUTH NURSING & RE 514 WEST FREMONT ROAD	RACE MO 64062-9357  EHAB MO 65536-3648  MO 65536-3648  EHAB MO 65536-4244	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351 Level of Care: SNF County LACLEDE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 07395 Yes 180 No 04369
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON  LEBANON  LEBANON SOUTH NURSING & RE 514 WEST FREMONT ROAD LEBANON Mailing Address 514 WEST FREMON	RACE MO 64062-9357  EHAB  MO 65536-3648  MO 65536-3648  EHAB  MO 65536-4244  TT ROAD	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 07395 Yes 180 No 04369
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON  LEBANON  LEBANON SOUTH NURSING & RE 514 WEST FREMONT ROAD LEBANON Mailing Address 514 WEST FREMON LEBANON	RACE MO 64062-9357  EHAB  MO 65536-3648  MO 65536-3648  EHAB  MO 65536-4244  TT ROAD MO 65536-4244	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351 Level of Care: SNF County LACLEDE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 07395 Yes 180 No 04369
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON  LEBANON  LEBANON SOUTH NURSING & RE 514 WEST FREMONT ROAD LEBANON Mailing Address 514 WEST FREMON LEBANON  LEBANON  LEBANON  LEBANON  LEBANON  LEBANON	RACE MO 64062-9357  EHAB  MO 65536-3648  MO 65536-3648  EHAB  MO 65536-4244  TT ROAD MO 65536-4244	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 07395 Yes 180 No 04369 No 116 No 15650
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON  LEBANON LEBANON Mailing Address 514 WEST FREMON LEBANON LEBANON Mailing Address 514 WEST FREMON LEBANON LEBANON LEBANON	RACE MO 64062-9357  CHAB  MO 65536-3648  MO 65536-3648  CHAB  MO 65536-4244  CT ROAD MO 65536-4244  CHAB	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351  Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 07395 Yes 180 No 04369 No 116 No 15650
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON  LEBANON SOUTH NURSING & RE 514 WEST FREMONT ROAD LEBANON Mailing Address 514 WEST FREMON LEBANON  LEBANON LEBANON LEBANON LEBANON LEBANON SOUTH NURSING & RE 514 WEST FREMONT ROAD LEBANON	RACE MO 64062-9357  EHAB  MO 65536-3648  MO 65536-3648  EHAB  MO 65536-4244  ET ROAD MO 65536-4244  EHAB  MO 65536-4244	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 07395 Yes 180 No 04369 No 116 No 15650
210 WEST 8TH TERRACE LAWSON Mailing Address 210 WEST 8TH TER LAWSON  LEBANON NORTH NURSING & RI 596 MORTON RD LEBANON Mailing Address 596 MORTON RD LEBANON  LEBANON LEBANON Mailing Address 514 WEST FREMON LEBANON LEBANON Mailing Address 514 WEST FREMON LEBANON LEBANON LEBANON	RACE MO 64062-9357  EHAB  MO 65536-3648  MO 65536-3648  EHAB  MO 65536-4244  ET ROAD MO 65536-4244  EHAB  MO 65536-4244	Level of Care: SNF County RAY Region 4 Medicare/Medicaid  Telephone (417) 532-9173 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351 Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid  Telephone (417) 532-5351  Level of Care: SNF County LACLEDE Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 07395 Yes 180 No 04369 No 116 No 15650

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LEE HOUSE SENIOR LIVING LLC			
105 NORTH MILL ST		<b>Telephone</b> (573) 392-5558	Alzheimer's Unit No
ELDON	MO 65026-1728	Level of Care: RCF	Bed Capacity 53
Mailing Address 105 NORTH MILL ST		County MILLER	DMH Licensed No
ELDON	MO 65026-1728	Region 6	Facility Number 13089
ELDON	120 03020 1720	Region 0	ruemey rumber 1300)
LEE'S SUMMIT PLACE			
1501 SW 3RD ST		<b>Telephone</b> (816) 525-6300	Alzheimer's Unit No
LEE'S SUMMIT	MO 64081-2424	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 1501 SW 3RD ST		County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64081-2424	Region 3 Medicare/Medicaid	Facility Number 12484
I ECENDADY NUDCING & DEHADI	LITATION LLC		
LEGENDARY NURSING & REHABI 809 EAST GORDON ST	LITATION LLC	<b>Telephone</b> (660) 886-2247	Alzheimer's Unit No
MARSHALL	MO 65340-2811	Level of Care: SNF	Bed Capacity 92
Mailing Address 809 EAST GORDON		County SALINE	DMH Licensed No
MARSHALL	MO 65340-2811	Region 5 Medicare/Medicaid	Facility Number 04895
WAKSHALL	WO 03340-2011	Region 5 Medicare/Medicaid	racinty Number 04893
LEISURE LIVING			
305 5TH ST		<b>Telephone</b> (417) 235-5959	Alzheimer's Unit No
MONETT	MO 65708-2312	Level of Care: RCF	Bed Capacity 20
Mailing Address 305 5TH ST		County BARRY	DMH Licensed Yes
MONETT	MO 65708-2312	Region 1	Facility Number 18227
LEMAN NUDCING			
LEMAY NURSING		Tolonhous (214) 621 0540	Alahaiman'a Unit Na
9353 SOUTH BROADWAY SAINT LOUIS	MO 63125-1600	Telephone (314) 631-0540 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 60
Mailing Address 9353 SOUTH BROAD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63125-1600	•	
SAINI LOUIS	MO 03123-1000	Region 7 Medicare/Medicaid	Facility Number 01732
LENOIR HEALTH CARE CENTER			
3850 CARTWRIGHT LANE		<b>Telephone</b> (573) 876-5800	Alzheimer's Unit No
COLUMBIA	MO 65201-7779	Level of Care: SNF	Bed Capacity 100
Mailing Address 3850 CARTWRIGHT	LANE	County BOONE	<b>DMH Licensed</b> No
COLUMBIA	MO 65201-7779	Region 6 Medicare/Medicaid	Facility Number 04750
LENOIR MANOR			
3850 CARTWRIGHT LANE		<b>Telephone</b> (573) 876-5800	Alzheimer's Unit Yes
COLUMBIA	MO 65201-	Level of Care: ALF**	Bed Capacity 92
Mailing Address 3850 CARTWRIGHT		County BOONE	DMH Licensed No
COLUMBIA	MO 65201-	Region 6	Facility Number 04750
LEONA HOUSE 5000 NW OLD TRAIL ROAD		<b>Telephone</b> (816) 584-1033	Alzheimer's Unit Yes
KANSAS CITY	MO 64151-1946	Level of Care: ALF**	Bed Capacity 7
Mailing Address 5000 NW OLD TRAIL		County PLATTE	DMH Licensed No
KANSAS CITY		Region 4	Facility Number 24748
KANSASUITY	MO 64151-1946		

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LEVERING REGIONAL HEALTH O	CARE CENTER			
1734 MARKET ST		<b>Telephone</b> (573) 221-2930	Alzheimer's Unit	No
HANNIBAL	MO 63401-4025	Level of Care: RCF*	Bed Capacity	35
Mailing Address 1734 MARKET ST		County MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-4025	Region 5	Facility Number	15954
LEWIS & CLARK GARDENS				
1221 BOONES LICK RD		<b>Telephone</b> (636) 946-6140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2328	Level of Care: SNF	Bed Capacity	142
Mailing Address 1221 BOONES LICK		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2328	_	Facility Number	01266
SAINT CHANLES	WIO 03301-2320	Region 5 Medicare/Medicaid	racinty Number	01200
LEWIS COUNTY NUDSING HOME	DICTRICT			
LEWIS COUNTY NURSING HOME	DISTRICT	Tolonhous (572) 200 4454	Alabaimonta II:4	V
17528 STATE HIGHWAY 81 N	MO (2425-2462	<b>Telephone</b> (573) 288-4454	Alzheimer's Unit	Yes
CANTON	MO 63435-3463	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 266		County LEWIS	DMH Licensed	No
CANTON	MO 63435-0266	Region 5 Medicare/Medicaid	Facility Number	04790
I IDEDTA HEAT OH AND MET I ARE	ee			
LIBERTY HEALTH AND WELLNE 2201 GLENN HENDREN DR	33	T-1 (01c) 72c 0000	Allahadan I TT 14	N.T
	NO 64060 2275	<b>Telephone</b> (816) 736-8800	Alzheimer's Unit	No
LIBERTY	MO 64068-3375	Level of Care: SNF	Bed Capacity	143
Mailing Address 2201 GLENN HEND		County CLAY	DMH Licensed	No
LIBERTY	MO 64068-3375	Region 4 Medicare/Medicaid	Facility Number	16715
LICKING RESIDENTIAL CARE				
225 WEST HIGHWAY 32		<b>Telephone</b> (573) 674-2207	Alzheimer's Unit	No
LICKING	MO 65542-9832	Level of Care: RCF*	Bed Capacity	34
Mailing Address 225 WEST HIGHWA		County TEXAS	DMH Licensed	No
LICKING	MO 65542-9832	Region 2	Facility Number	24302
LICKING	MO 03342-7632	Region 2	racinty (uniber	24302
LIFE CARE CENTER OF BRIDGET	TON			
12145 BRIDGETON SQUARE DR		<b>Telephone</b> (314) 298-7444	Alzheimer's Unit	No
BRIDGETON	MO 63044-2616	Level of Care: SNF	Bed Capacity	91
Mailing Address 12145 BRIDGETON	SOUARE DR	County SAINT LOUIS COUNTY	DMH Licensed	No
BRIDGETON	MO 63044-2616	Region 7 Medicare/Medicaid	Facility Number	12141
		region in the second of the second		
LIFE CARE CENTER OF BROOKE	IELD			
315 HUNT ST		<b>Telephone</b> (660) 258-3367	Alzheimer's Unit	Yes
BROOKFIELD	MO 64628-2412	Level of Care: SNF	Bed Capacity	120
Mailing Address 315 HUNT ST		County LINN	DMH Licensed	No
BROOKFIELD	MO 64628-2412	Region 5 Medicare/Medicaid	Facility Number	00822
LIFE CARE CENTER OF CAPE GI	RARDEAU	m. I	411 1 2 2 2	
365 SOUTH BROADVIEW ST		<b>Telephone</b> (573) 335-2086	Alzheimer's Unit	No
365 SOUTH BROADVIEW ST CAPE GIRARDEAU	MO 63703-5725	Level of Care: SNF	Bed Capacity	120
365 SOUTH BROADVIEW ST	MO 63703-5725	_		

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THE CARE CENTED OF CARROL	LEON			
LIFE CARE CENTER OF CARROL 300 LIFE CARE LN	LTON	<b>Telephone</b> (660) 542-0155	Alzheimer's Unit	Yes
CARROLLTON	MO 64633-1861	Level of Care: SNF	Bed Capacity	120
Mailing Address 300 LIFE CARE LN	WO 04033-1001	County CARROLL	DMH Licensed	No
CARROLLTON	MO 64633-1861	Region 4 Medicare/Medicaid	Facility Number	11500
o.mato22701	0.000 1001	Region . Medicare/Medicard	2 <b>u</b> cinty 1 ( <b>uni</b>	11500
LIFE CARE CENTER OF GRANDV	IEW			
6301 EAST 125TH ST		<b>Telephone</b> (816) 765-7714	Alzheimer's Unit	Yes
GRANDVIEW	MO 64030-1884	Level of Care: SNF	Bed Capacity	172
Mailing Address 6301 EAST 125TH S	Т	County JACKSON	DMH Licensed	No
GRANDVIEW	MO 64030-1884	Region 3 Medicare/Medicaid	Facility Number	11929
LIFE CARE CENTER OF ST LOUIS	S			
3520 CHOUTEAU AVE		<b>Telephone</b> (314) 771-2100	Alzheimer's Unit	No
SAINT LOUIS	MO 63103-2916	Level of Care: SNF	Bed Capacity	100
Mailing Address 3520 CHOUTEAU A		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63103-2916	Region 7 Medicare/Medicaid	Facility Number	19823
LIFE CARE CENTER OF SULLIVA	N			
875 DUNSFORD DR		<b>Telephone</b> (573) 468-3128	Alzheimer's Unit	No
SULLIVAN	MO 63080-1238	Level of Care: SNF	Bed Capacity	120
Mailing Address 875 DUNSFORD DR		County FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1238	Region 6 Medicare/Medicaid	Facility Number	07744
LIFE CARE CENTER OF WAYNES	VILLE			
700 BIRCH LN		<b>Telephone</b> (573) 774-6456	Alzheimer's Unit	Yes
WAYNESVILLE	MO 65583-2275	Level of Care: SNF	Bed Capacity	120
Mailing Address 700 BIRCH LN		County PULASKI	DMH Licensed	No
WAYNESVILLE	MO 65583-2275	Region 6 Medicare/Medicaid	Facility Number	04592
LIFE ENHANCEMENT VILLAGE (	OF THE OZARKS INC			
732 SOUTH GREGG ROAD	of the ozakks ive	<b>Telephone</b> (417) 725-5166	Alzheimer's Unit	No
NIXA	MO 65714-7419	Level of Care: RCF*	Bed Capacity	44
Mailing Address 732 SOUTH GREGO		County CHRISTIAN	DMH Licensed	Yes
NIXA	MO 65714-7419	Region 1	Facility Number	14190
LINCOLN COMMUNITY CARE CE	ENTER			
205 TIMBERLINE DR		<b>Telephone</b> (660) 547-3322	Alzheimer's Unit	No
LINCOLN	MO 65338-2007	Level of Care: SNF	Bed Capacity	66
Mailing Address 205 TIMBERLINE D	PR	County BENTON	DMH Licensed	No
LINCOLN	MO 65338-2007	Region 6 Medicare/Medicaid	Facility Number	04803
LINCOLN COUNTY NURSING & R	ЕНАВ			
1145 EAST CHERRY STREET		<b>Telephone</b> (636) 528-5712	Alzheimer's Unit	No
TROY	MO 63379-1520	Level of Care: SNF	Bed Capacity	90
Mailing Address 1145 EAST CHERRY	Y STREET	County LINCOLN	DMH Licensed	No
TROY	MO 63379-1520	Region 5 Medicare/Medicaid	Facility Number	15750

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LINDEN WOODS VILLAGE		(016) 269 4000	All I down to TT day	т
2901 NE 72ND STREET	MO (4110 7400	<b>Telephone</b> (816) 268-4000		lo
GLADSTONE	MO 64119-7400	Level of Care: ALF**		10
Mailing Address 2901 NE 72ND STR		County CLAY		lo
GLADSTONE	MO 64119-7400	Region 4	Facility Number 3015	6
LINDEN WOODS VILLAGE				
2901 NE 72ND STREET		<b>Telephone</b> (816) 268-4000	Alzheimer's Unit N	lo
GLADSTONE	MO 64119-7400	Level of Care: SNF		10
Mailing Address 2901 NE 72ND STR		County CLAY		lo Io
GLADSTONE	MO 64119-7400	Region 4 Medicare/Medicaid	Facility Number 3015	
LIVING CENTER, THE				
2506 LINDEN TREE PARKWAY		<b>Telephone</b> (660) 886-9676	Alzheimer's Unit Ye	
MARSHALL	MO 65340-0017	Level of Care: SNF		99
Mailing Address PO BOX 370		County SALINE		Ю
MARSHALL	MO 65340-0370	Region 5 Medicare/Medicaid	Facility Number 2179	1
LIVING COMMUNITY OF ST JOSI	ЕРН			
1202 HEARTLAND RD		<b>Telephone</b> (816) 671-8500	Alzheimer's Unit N	Ю
SAINT JOSEPH	MO 64506-3200	Level of Care: ALF**		35
Mailing Address 1202 HEARTLAND		County BUCHANAN	• •	lo
SAINT JOSEPH	MO 64506-3200	Region 4	Facility Number 2417	19
LIVING COMMUNITY OF ST JOSE	ЕРН			
1202 HEARTLAND RD		<b>Telephone</b> (816) 671-8500	Alzheimer's Unit N	lo
SAINT JOSEPH	MO 64506-3200	Level of Care: SNF	<b>Bed Capacity</b> 9	96
Mailing Address 1202 HEARTLAND	RD	County BUCHANAN	DMH Licensed N	Ю
SAINT JOSEPH	MO 64506-3200	Region 4 Medicare/Medicaid	Facility Number 2417	9
LIVING LIFE LONG RESIDENTIA	L CARE, LLC			
5076 WATERMAN	z cinc, zzc	<b>Telephone</b> (314) 495-5498	Alzheimer's Unit N	lo
SAINT LOUIS	MO 63108-1102	Level of Care: RCF		20
Mailing Address 303 UNION BLVD		County SAINT LOUIS CITY		es
SAINT LOUIS	MO 63108-4400	Region 7	Facility Number 0521	
LIVINGSTON MANOR CARE CEN	TER			
939 E BIRCH DR		<b>Telephone</b> (660) 646-5177	Alzheimer's Unit Ye	
CHILLICOTHE	MO 64601-2189	Level of Care: SNF	=	94
Mailing Address 939 E BIRCH DR		County LIVINGSTON		lo
CHILLICOTHE	MO 64601-2189	Region 4 Medicare/Medicaid	Facility Number 2009	19
LOCH HAVEN				
701 SUNSET HILLS DR		<b>Telephone</b> (660) 385-3113	Alzheimer's Unit N	lo
MACON	MO (2552 2165	Level of Care: RCF*	Bed Capacity 2	26
	MO 63552-2165	Level of Care. Ref	Dea Capacity 2	
Mailing Address PO BOX 187	MO 63552-2165	County MACON		lo
Mailing Address PO BOX 187 MACON	MO 63552-2165 MO 63552-0187			

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LOCH HAVEN				
701 SUNSET HILLS DR		<b>Telephone</b> (660) 385-3113	Alzheimer's Unit	Yes
MACON	MO 63552-2165	Level of Care: SNF	Bed Capacity	100
Mailing Address PO BOX 187	110 03332 2103	County MACON	DMH Licensed	No
MACON	MO 63552-0187	Region 5 Medicare/Medicaid	Facility Number	04739
WACON	1410 03332-0107	Region 5 Medicare/Medicard	Pacifity Number	04739
LODGE DESIDENTIAL CADE FACE	II ITV THE			
LODGE RESIDENTIAL CARE FACT 3860 EAST 60TH ST	ILITT, THE	<b>Telephone</b> (816) 599-5235	Alzheimer's Unit	No
KANSAS CITY	MO 64130-4418	Level of Care: RCF	Bed Capacity	8
Mailing Address 3860 EAST 60TH ST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64130-4418	Region 3	Facility Number	16211
KANSAS CITT	WO 04130-4416	Kegion 5	racinty Number	10211
LODGE, THE				
542 STATE ROAD DD		<b>Telephone</b> (660) 248-2277	Alzheimer's Unit	No
FAYETTE	MO 65248-9658	Level of Care: ALF**	Bed Capacity	60
Mailing Address 542 STATE RD DD	110 03240 7030	County HOWARD	DMH Licensed	Yes
FAYETTE	MO 65248-9658	Region 5	Facility Number	28815
TAILTIL	WO 03240-7030	Kegion 5	racinty Number	20013
LODGES, THE				
2401 W GRAND ST		<b>Telephone</b> (417) 864-4545	Alzheimer's Unit	No
SPRINGFIELD	MO 65802-4967	Level of Care: RCF*	Bed Capacity	99
Mailing Address 2401 W GRAND ST		County GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65802-4967	Region 1	Facility Number	09756
		1109.011		0,700
LOVING ARMS MEMORY CARE A	ND ASSISTED LIVING			
1300 EAST 24TH STREET		<b>Telephone</b> (660) 851-2266	Alzheimer's Unit	Yes
SEDALIA	MO 65301-8233	Level of Care: ALF**	Bed Capacity	20
Mailing Address 2700 ARTISAN DRIV	VE	County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-8233	Region 6	Facility Number	15971
LUMIERE OF CHESTERFIELD, TH				
16255 CHESTERFIELD PARKWAY W		<b>Telephone</b> (636) 265-5020	Alzheimer's Unit	YES
CHESTERFIELD	MO 63017-4824	Level of Care: ALF**	Bed Capacity	51
Mailing Address 16255 CHESTERFIE	LD PARKWAY WEST	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-4824	Region 7	Facility Number	33614
LILLED WYNUD DELIDEMENT 6	NUDSING CENTED			
LUTHER MANOR RETIREMENT & 3170 HIGHWAY 61 NORTH	INUMSHING CENTER	<b>Telephone</b> (573) 221-5533	Alzheimer's Unit	No
HANNIBAL	MO 62401 6571	•		64
Mailing Address 3170 HIGHWAY 61 1	MO 63401-6571	Level of Care: SNF County MARION	Bed Capacity DMH Licensed	No
		·		
HANNIBAL	MO 63401-6571	Region 5 Medicare/Medicaid	Facility Number	04673
LUTHERAN CONVALESCENT HO	ME			
723 SOUTH LACLEDE STATION RD		<b>Telephone</b> (314) 968-5570	Alzheimer's Unit	No
WEBSTER GROVES	MO 63119-4911	Level of Care: SNF	<b>Bed Capacity</b>	286
Mailing Address 723 SOUTH LACLEI	DE STATION RD	County SAINT LOUIS COUNTY	DMH Licensed	No
WEBSTER GROVES	MO 63119-4911	Region 7 Medicare/Medicaid	Facility Number	04695

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LUTHERAN GOOD SHEPHERD HO	OME		
202 S WEST ST		<b>Telephone</b> (660) 463-2267	Alzheimer's Unit NO
CONCORDIA	MO 64020-9643	Level of Care: ALF**	<b>Bed Capacity</b> 53
Mailing Address PO BOX 849		<b>County</b> LAFAYETTE	<b>DMH Licensed</b> No
CONCORDIA	MO 64020-0849	Region 3	<b>Facility Number</b> 04705
LUTHERAN HOME ASSISTED LIVE	ING		
2825 BLOOMFIELD RD	LING .	<b>Telephone</b> (573) 335-0158	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63703-6335	Level of Care: ALF**	Bed Capacity 115
Mailing Address 2825 BLOOMFIELD		County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63703-6335	Region 2	Facility Number 13536
CHI E GIMANDENC	110 03703 0333	Region 2	racinty (uniber 13330
LUTHERAN HOME, THE			
2825 BLOOMFIELD RD		<b>Telephone</b> (573) 335-0158	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63703-6335	Level of Care: SNF	<b>Bed Capacity</b> 274
Mailing Address 2825 BLOOMFIELD	RD	<b>County</b> CAPE GIRARDEAU	<b>DMH Licensed</b> No
CAPE GIRARDEAU	MO 63703-6335	Region 2 Medicare/Medicaid	Facility Number 13536
LUTHERAN NURSING HOME			
202 S WEST ST		<b>Telephone</b> (660) 463-2267	Alzheimer's Unit Yes
CONCORDIA	MO 64020-9643	Level of Care: SNF	Bed Capacity 113
Mailing Address PO BOX 849	N10 04020 7043	County LAFAYETTE	DMH Licensed No
CONCORDIA	MO 64020-0849	Region 3 Medicare/Medicaid	Facility Number 04705
CONCORDET	110 04020 0047	Region 5 Wedicare/Medicard	racinty (uniber 04703
LUTHERAN SENIOR SERVICES AT	T BREEZE PARK		
600 BREEZE PARK DR		<b>Telephone</b> (636) 939-5223	Alzheimer's Unit Yes
SAINT CHARLES	MO 63304-9139	Level of Care: ALF**	<b>Bed Capacity</b> 79
Mailing Address 600 BREEZE PARK I	DR	County SAINT CHARLES	<b>DMH Licensed</b> No
SAINT CHARLES	MO 63304-9139	Region 5	Facility Number 20704
LUTHERAN SENIOR SERVICES AT	FRRFF7F PARK		
600 BREEZE PARK DR	T DREEZE I ARK	<b>Telephone</b> (636) 939-5223	Alzheimer's Unit No
SAINT CHARLES	MO 63304-9139	Level of Care: SNF	Bed Capacity 81
Mailing Address 600 BREEZE PARK I		County SAINT CHARLES	DMH Licensed No
SAINT CHARLES	MO 63304-9139	Region 5 Medicare/Medicaid	Facility Number 20704
SAIRVI CITALLES	1410 03304 7137	Region 5 Wedicare/Medicard	20704
LUTHERAN SENIOR SERVICES AT	T MERAMEC BLUFFS		
50 MERAMEC TRAIL DR		<b>Telephone</b> (636) 861-0600	Alzheimer's Unit Yes
BALLWIN	MO 63021-3303	Level of Care: ALF**	Bed Capacity 110
Mailing Address 50 MERAMEC TRAI	L DR	<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
BALLWIN	MO 63021-3303	Region 7	Facility Number 23643
I UTHED AN CENIOD CEDVICES AT	r med ame c di hees		
LUTHERAN SENIOR SERVICES AT 50 MERAMEC TRAIL DR	WENAMEC BLUFFS	<b>Telephone</b> (636) 861-0600	Alzheimer's Unit NO
BALLWIN	MO 63021-3303	Level of Care: SNF	Bed Capacity 68
Mailing Address 50 MERAMEC TRAI		County SAINT LOUIS COUNTY	DMH Licensed No
BALLWIN	MO 63021-3303		Facility Number 23643
DUFFMIN	WIO 03021-3303	Region 7 Medicare/Medicaid	Facility Number 23043

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LUXE LIFE SENIOR LIVING				
111 MOCK AVE		<b>Telephone</b> (816) 220-4200	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2504	Level of Care: ALF**		57
Mailing Address 111 MOCK AVE	1410 04014-2504	County JACKSON		No
BLUE SPRINGS	MO 64014-2504	Region 3	Facility Number 132	
DECE SI KINGS	MO 04014-2304	Region 3	racinty Number 132	.19
LYBL				
1325 SOUTH HIGHLAND COURT		<b>Telephone</b> (660) 530-7081	Alzheimer's Unit	No
MARSHALL	MO 65340-3058	Level of Care: RCF	Bed Capacity	11
Mailing Address 1325 SOUTH HIGHI		County SALINE	_ :	No
MARSHALL	MO 65340-3058	Region 5	Facility Number 035	558
LYNN'S HERITAGE HOUSE, INC				
800 KELLY LN		<b>Telephone</b> (573) 754-4020	Alzheimer's Unit Y	Zes .
LOUISIANA	MO 63353-2415	Level of Care: ALF**		44
Mailing Address 800 KELLY LN	WO 03333-2413	County PIKE	• •	No
LOUISIANA	MO 63353-2415	•		
LOUISIANA	MO 03335-2413	Region 5	Facility Number 210	133
MACON HEALTH CARE CENTER				
29612 KELLOGG AVE		<b>Telephone</b> (660) 385-5797	Alzheimer's Unit	<i>l</i> es
MACON	MO 63552-3702	Level of Care: SNF	Bed Capacity 1	20
Mailing Address PO BOX 465		County MACON	DMH Licensed	No
MACON	MO 63552-0465	Region 5 Medicare/Medicaid	Facility Number 049	14
MADISON SENIOR LIVING THE				
14001 MADISON AVENUE		<b>Telephone</b> 816-627-1726		les
KANSAS CITY	MO 64145-1613	Level of Care: ALF**		66
Mailing Address 14001 MADISON A		County JACKSON		No
KANSAS CITY	MO 64145-1613	Region 3	Facility Number 323	321
MAGNOLIA HOUSE				
204 GRAND AVE		<b>Telephone</b> (636) 933-0662	Alzheimer's Unit	No
FESTUS	MO 63028-1842	Level of Care: RCF	Bed Capacity	12
Mailing Address 204 GRAND AVE		County JEFFERSON	DMH Licensed Y	<i>Y</i> es
FESTUS	MO 63028-1842	Region 2	Facility Number 136	597
MAGNOLIA SQUARE NURSING A	ND REHAB			
1502 WEST EDGEWOOD		<b>Telephone</b> (417) 877-7545		No
SPRINGFIELD	MO 65807-3567	Level of Care: SNF		20
Mailing Address 1502 WEST EDGEW		County GREENE		No
SPRINGFIELD	MO 65807-3567	Region 1 Medicare/Medicaid	Facility Number 234	100
MANCHESTER REHAB AND HEAI	LTHCARE CENTER			
312 SOLLEY DR		<b>Telephone</b> (636) 391-0666	Alzheimer's Unit	O
BALLWIN	MO 63021-5248	Level of Care: SNF		37
Mailing Address 312 SOLLEY DR		County SAINT LOUIS COUNTY		No
BALLWIN	MO 63021-5248	Region 7 Medicare/Medicaid	Facility Number 049	70

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MANOR AT ELFINDALE, THE			
1707 WEST ELFINDALE ST		<b>Telephone</b> (417) 831-2273	Alzheimer's Unit Yes
SPRINGFIELD	MO 65807-1246	Level of Care: SNF	<b>Bed Capacity</b> 100
Mailing Address 1707 WEST ELFIND	ALE ST	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65807-1246	Region 1 Medicare	Facility Number 17371
MANOR GROVE, INCORPORATED	•		
711 SOUTH KIRKWOOD RD		<b>Telephone</b> (314) 965-0864	Alzheimer's Unit No
KIRKWOOD	MO 63122-5928	Level of Care: SNF	Bed Capacity 117
Mailing Address 711 SOUTH KIRKWO	OOD RD	County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-5928	Region 7 Medicare/Medicaid	Facility Number 06038
MANOR, THE		T. I. I. (572) 696 1147	A11.
2071 BARRON RD	MO (2001 1002	Telephone (573) 686-1147 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 90
POPLAR BLUFF	MO 63901-1903		
Mailing Address 2071 BARRON RD POPLAR BLUFF	MO 63901-1903	County BUTLER	
POPLAR BLUFF	MO 63901-1903	Region 2 Medicare/Medicaid	Facility Number 00683
MAPLE CREST MANOR			
430 NORTH FREDERICK STREET		<b>Telephone</b> (573) 334-2662	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-4835	Level of Care: RCF*	Bed Capacity 48
Mailing Address 430 NORTH FREDER	RICK STREET	County CAPE GIRARDEAU	<b>DMH Licensed</b> Yes
CAPE GIRARDEAU	MO 63701-4835	Region 2	Facility Number 03628
MAPLE GROVE LODGE			
2407 KENTUCKY ST		<b>Telephone</b> (573) 754-5456	Alzheimer's Unit No
LOUISIANA	MO 63353-2503	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 2407 KENTUCKY ST	Γ	County PIKE	DMH Licensed No
LOUISIANA	MO 63353-2503	Region 5 Medicare/Medicaid	Facility Number 05002
MAPLE GROVE WELLNESS & REI	HABILITATION		
560 CORISANDE HILLS RD		<b>Telephone</b> (636) 343-2282	Alzheimer's Unit No
FENTON	MO 63026-5613	Level of Care: SNF	<b>Bed Capacity</b> 144
Mailing Address 560 CORISANDE HI	LLS RD	County JEFFERSON	DMH Licensed No
FENTON	MO 63026-5613	Region 2 Medicare/Medicaid	Facility Number 01800
MAPLE LAWN NURSING HOME			
1410 WEST LINE ST		<b>Telephone</b> (573) 769-2213	Alzheimer's Unit Yes
PALMYRA	MO 63461-1831	Level of Care: SNF	Bed Capacity 110
Mailing Address PO BOX 232	110 03 101 1031	County MARION	DMH Licensed No
PALMYRA	MO 63461-0232	Region 5 Medicare/Medicaid	Facility Number 09961
		g medical Cinetical	07701
MAPLE RIDGE RESIDENTIAL CAR	RE CENTER LLC	m. 1	
1034 DORIS DR	MO (2640 1054	<b>Telephone</b> (573) 760-0155	Alzheimer's Unit No
FARMINGTON  Mailing Address DO BOY 272	MO 63640-1954	Level of Care: RCF*	Bed Capacity 20
Mailing Address PO BOX 272	MO (2640 0272	County SAINT FRANCOIS	DMH Licensed Yes
FARMINGTON	MO 63640-0272	Region 2	Facility Number 19808

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MAPLE SENIOR LIVING LLC				
3 SOUTHWEST FIRST LANE		<b>Telephone</b> (417) 682-6184	Alzheimer's Unit No	О
LAMAR	MO 64759-8313	Level of Care: RCF*	Bed Capacity 56	6
Mailing Address 3 SOUTHWEST FIRST	LANE	County BARTON	DMH Licensed No	o
LAMAR	MO 64759-8313	Region 1	Facility Number 20869	9
MAPLE TREE TERRACE - ASSISTEI	D LIVING BY AMERICARE			
2510 CLINTON ST		<b>Telephone</b> (417) 358-7201	Alzheimer's Unit No	О
CARTHAGE	MO 64836-3427	Level of Care: ALF**	Bed Capacity 50	0
Mailing Address 2510 CLINTON ST		County JASPER	DMH Licensed No	o
_	MO 64836-3427	Region 1	Facility Number 17660	0
MAPLEBROOK-ASSISTED LIVING B	BY AMERICARE			
520 MAPLE VALLEY DR		<b>Telephone</b> (573) 756-2777	Alzheimer's Unit Yes	
	MO 63640-1981	Level of Care: ALF**	Bed Capacity 6	
Mailing Address 520 MAPLE VALLEY		County SAINT FRANCOIS	DMH Licensed No	
•	MO 63640-1981	Region 2	Facility Number 28635	
TARWINGTON	WO 03040-1981	Region 2	racinty Number 2003.	3
MAPLES HEALTH AND REHABILIT	ATION, THE			
610 WEST SUNSET ST		<b>Telephone</b> (417) 891-1700	Alzheimer's Unit No	
	MO 65807-3696	Level of Care: SNF	Bed Capacity 120	0
Mailing Address 610 WEST SUNSET ST	Γ	County GREENE	DMH Licensed No	o
SPRINGFIELD	MO 65807-3696	Region 1 Medicare/Medicaid	Facility Number 0644	1
MAPLEWOOD, INC				
1827 CRADER DR		<b>Telephone</b> (573) 635-0023	Alzheimer's Unit No	О
JEFFERSON CITY	MO 65109-2005	Level of Care: ALF**	Bed Capacity 24	4
Mailing Address 1827 CRADER DR		County COLE	DMH Licensed Ye	S
JEFFERSON CITY	MO 65109-2005	Region 6	Facility Number 16964	4
MAPLEWOOD, INC				
1827 CRADER DR		<b>Telephone</b> (573) 635-0023	Alzheimer's Unit No	О
JEFFERSON CITY	MO 65109-2005	Level of Care: ALF	Bed Capacity 13	3
Mailing Address 1827 CRADER DR		County COLE	DMH Licensed Ye	s
JEFFERSON CITY	MO 65109-2005	Region 6	Facility Number 16964	4
MARANATHA VILLAGE, INC				
233 EAST NORTON RD		<b>Telephone</b> (417) 833-0016	Alzheimer's Unit No	o
SPRINGFIELD	MO 65803-3633	Level of Care: RCF	Bed Capacity 29	9
Mailing Address 233 EAST NORTON R		County GREENE	DMH Licensed No	
e e e e e e e e e e e e e e e e e e e	MO 65803-3633	Region 1	Facility Number 04907	
DI KINGI ILLID	1120 00000-0000	regiuli 1	1 acmty 110mber 0490.	,
MADANATHA VILLAGE ING				
MARANATHA VILLAGE, INC		TD-11	All Little Little	
233 EAST NORTON RD	NO. (5000 2602	<b>Telephone</b> (417) 833-0016	Alzheimer's Unit No	
	MO 65803-3633	Level of Care: SNF	Bed Capacity 120	
Mailing Address 233 EAST NORTON R	D	County GREENE	DMH Licensed No	О

Medicare/Medicaid

**Facility Number** 

04907

MO 65803-3633

SPRINGFIELD

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MARI DE VILLA RETIREMENT CH	ENTER, INC		
13900 CLAYTON RD		<b>Telephone</b> (636) 227-5347	Alzheimer's Unit No
TOWN AND COUNTRY	MO 63017-8406	Level of Care: SNF	<b>Bed Capacity</b> 224
Mailing Address 13900 CLAYTON RI	)	<b>County</b> SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
TOWN AND COUNTRY	MO 63017-8406	Region 7	Facility Number 05047
MARIAN CLIFF RESIDENTIAL CA	RE CENTER LLC		
381 ELM ST	RE CENTER EEC	<b>Telephone</b> (573) 543-2218	Alzheimer's Unit No
SAINT MARY	MO 63673-9330	Level of Care: RCF*	Bed Capacity 66
Mailing Address PO BOX 272	WO 03073-7330	County SAINTE GENEVIEVE	DMH Licensed Yes
FARMINGTON	MO 63640-0272	Region 2	
PARMINGTON	NIO 03040-0272	Region 2	Facility Number 05058
MARIES MANOR		Tolonhono (572) 400 2177	Alabaimont-Ti-it
174 BALLPARK RD	NO. (5500 0040	<b>Telephone</b> (573) 422-3177	Alzheimer's Unit No
VIENNA	MO 65582-8043	Level of Care: SNF	Bed Capacity 98
Mailing Address 174 BALLPARK RD		County MARIES	<b>DMH Licensed</b> No
VIENNA	MO 65582-8043	Region 6 Medicare/Medicaid	Facility Number 10491
MARK TWAIN ASSISTED LIVING			
901 UNION AVE		<b>Telephone</b> (660) 263-6515	Alzheimer's Unit No
MOBERLY	MO 65270-2456	Level of Care: ALF**	<b>Bed Capacity</b> 42
Mailing Address 901 UNION AVE		County RANDOLPH	<b>DMH Licensed</b> No
MOBERLY	MO 65270-2456	Region 5	Facility Number 16369
MARK TWAIN NURSING			
11988 MARK TWAIN LN		<b>Telephone</b> (314) 291-8240	Alzheimer's Unit No
BRIDGETON	MO 63044-2825	Level of Care: SNF	Bed Capacity 120
Mailing Address 11988 MARK TWAII	N LN	County SAINT LOUIS COUNTY	DMH Licensed No
BRIDGETON	MO 63044-2825	Region 7 Medicare/Medicaid	Facility Number 08188
		-	
MARSHFIELD CARE CENTER FOR	R REHAB AND HEALTHCARE		
800 SOUTH WHITE OAK	-	<b>Telephone</b> (417) 859-3701	Alzheimer's Unit No
MARSHFIELD	MO 65706-2231	Level of Care: SNF	<b>Bed Capacity</b> 74
Mailing Address 800 SOUTH WHITE		County WEBSTER	DMH Licensed No
MARSHFIELD	MO 65706-2231	Region 1 Medicare/Medicaid	Facility Number 18481
		region - Medicare, Medicare	10.01
MARSHFIELD PLACE			
820 SOUTH WHITE OAK STREET		<b>Telephone</b> (417) 859-6133	Alzheimer's Unit No
	MO 65706-2231	-	
MARSHFIELD			
Mailing Address 820 SOUTH WHITE			DMH Licensed Yes
MARSHFIELD	MO 65706-2231	Region 1	Facility Number 20500
MADY CHI VED HOME THE			
MARY CULVER HOME, THE 221 WEST WASHINGTON AVE		<b>Telephone</b> (314) 966-6034	Alzheimer's Unit No
	MO 63122 2016	- · · · · · · · · · · · · · · · · · · ·	
KIRKWOOD  Mailing Address 221 W WASHINGTO	MO 63122-3916	Level of Care: ICF	Bed Capacity 28
Mailing Address 221 W WASHINGTO		County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-3916	Region 7	Facility Number 00592

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MARY, QUEEN AND MOTHER CEN 7601 WATSON RD	TER	<b>Telephone</b> (314) 961-8000	Alzheimer's Unit	No
SHREWSBURY	MO 63119-5001	Level of Care: SNF	Bed Capacity	230
Mailing Address 7601 WATSON RD	5.75 0011, 2001	County SAINT LOUIS COUNTY	DMH Licensed	No
SHREWSBURY	MO 63119-5001	Region 7 Medicare/Medicaid	Facility Number	05103
SINE WSBORT	05117 5001	Region / Medicare/Medicard	ruemey rumser	03103
MARYMOUNT MANOR				
313 AUGUSTINE RD		<b>Telephone</b> (636) 938-6770	Alzheimer's Unit	Yes
EUREKA	MO 63025-1935	Level of Care: SNF	<b>Bed Capacity</b>	174
Mailing Address PO BOX 600		County SAINT LOUIS COUNTY	DMH Licensed	No
EUREKA	MO 63025-0600	Region 7 Medicare/Medicaid	Facility Number	05117
MARYMOUNT MANOR				
313 AUGUSTINE RD		<b>Telephone</b> (636) 938-6770	Alzheimer's Unit	No
EUREKA	MO 63025-1935	Level of Care: RCF*	Bed Capacity	100
Mailing Address PO BOX 600		County SAINT LOUIS COUNTY	DMH Licensed	Yes
EUREKA	MO 63025-0600	Region 7	Facility Number	05117
MARYVILLE CHATEAU				
1101 E 5TH STREET		<b>Telephone</b> (660) 582-7447	Alzheimer's Unit	No
MARYVILLE	MO 64468-1955	Level of Care: RCF	Bed Capacity	20
Mailing Address 1101 E 5TH STREET	WIO 04406-1733	County NODAWAY	DMH Licensed	No No
MARYVILLE	MO 64468-1955		Facility Number	05149
WAKTVILLE	WIO 04400-1733	Region 4	racinty Number	03149
MARYVILLE LIVING CENTER				
524 NORTH LAURA		<b>Telephone</b> (660) 582-7447	Alzheimer's Unit	Yes
MARYVILLE	MO 64468-1955	Level of Care: SNF	Bed Capacity	105
Mailing Address 524 NORTH LAURA		County NODAWAY	DMH Licensed	No
MARYVILLE	MO 64468-1955	Region 4 Medicare/Medicaid	Facility Number	05149
MASON POINTE CARE CENTER				
13190 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 434-3300	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-5917	Level of Care: ALF**	<b>Bed Capacity</b>	86
Mailing Address 13190 SOUTH OUTER	R 40 RD	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5917	Region 7	Facility Number	03957
MASON POINTE CARE CENTER				
13190 SOUTH OUTER 40 RD		<b>Telephone</b> (314) 434-3330	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-5917	Level of Care: SNF	Bed Capacity	127
Mailing Address 13190 SOUTH OUTER		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5917	Region 7 Medicare/Medicaid	Facility Number	03957
MATTIS POINTE - ASSISTED LIVIN	IC DV AMEDICADE			
4962 MATTIS ROAD	DI AMERICARE	<b>Telephone</b> (314) 328-4084	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63128-2795	Level of Care: ALF**	Bed Capacity	120
Mailing Address 4962 MATTIS ROAD	110 03120-2173	County SAINT LOUIS COUNTY	DMH Licensed	No
GADINA OLUG		SAINT LOUIS COUNTT	Divili Licenseu	110

**Facility Number** 

30805

MO 63128-2795

SAINT LOUIS

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MAYWOOD MANOR			
1041 WEST TRUMAN RD	<b>Telephone</b> (816) 254-6789	Alzheimer's Unit	No
INDEPENDENCE MO 64050-3447	Level of Care: RCF*	Bed Capacity	24
Mailing Address 1041 WEST TRUMAN RD	County JACKSON	DMH Licensed	Yes
INDEPENDENCE MO 64050-3447	Region 3	Facility Number	03948
MAYWOOD TERRACE LIVING CENTER			
10300 EAST TRUMAN RD	<b>Telephone</b> (816) 836-1250	Alzheimer's Unit	Yes
INDEPENDENCE MO 64052-2258	Level of Care: SNF	Bed Capacity	89
Mailing Address 10300 EAST TRUMAN RD	County JACKSON	DMH Licensed	No
INDEPENDENCE MO 64052-2258	Region 3 Medicare/Medicaid	Facility Number	08673
MCCLAY SENIOR CARE			
3801 MCCLAY ROAD	<b>Telephone</b> (636) 244-3323	Alzheimer's Unit	No
SAINT PETERS MO 63376-7327	Level of Care: SNF	Bed Capacity	60
Mailing Address 3801 MCCLAY ROAD	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS MO 63376-7327	Region 5 Medicare/Medicaid	Facility Number	29933
MO 03370 7327	region 5 incurcare/incurcatu	rumey rumber	2))33
MCCRITE PLAZA AT BRIARCLIFF ASSISTED LIVING			
1201 NW TULLISON RD	<b>Telephone</b> (816) 888-7930	Alzheimer's Unit	Yes
KANSAS CITY MO 64116-2639	Level of Care: ALF**	<b>Bed Capacity</b>	164
Mailing Address 1201 NW TULLISON RD	<b>County</b> CLAY	DMH Licensed	No
KANSAS CITY MO 64116-2639	Region 4	Facility Number	29084
MCCRITE PLAZA AT BRIARCLIFF SKILLED FACILITY			
MCCRITE PLAZA AT BRIARCLIFF SKILLED FACILITY 1301 TULLISON ROAD	<b>Telephone</b> (816) 888-7930	Alzheimer's Unit	No
1301 TULLISON ROAD KANSAS CITY MO 64116-2640	Level of Care: SNF	<b>Bed Capacity</b>	56
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD	Level of Care: SNF County CLAY	Bed Capacity DMH Licensed	
1301 TULLISON ROAD KANSAS CITY MO 64116-2640	Level of Care: SNF	<b>Bed Capacity</b>	56
1301 TULLISON ROAD  KANSAS CITY  MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY  MO 64116-2639	Level of Care: SNF County CLAY	Bed Capacity DMH Licensed	56 No
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME	Level of Care: SNF County CLAY Region 4 Medicare	Bed Capacity DMH Licensed Facility Number	56 No 29084
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	56 No 29084 No
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	56 No 29084 No 8
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	56 No 29084 No 8 Yes
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	56 No 29084 No 8
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	56 No 29084 No 8 Yes
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	56 No 29084 No 8 Yes
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  MCDONALD COUNTY LIVING CENTER	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	56 No 29084 No 8 Yes 05170
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  MCDONALD COUNTY LIVING CENTER  1000 PATTERSON ST	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4  Telephone (417) 845-3351	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	56 No 29084 No 8 Yes 05170
1301 TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  MCDONALD COUNTY LIVING CENTER  1000 PATTERSON ST  ANDERSON MO 64831-7327	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4  Telephone (417) 845-3351 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	56 No 29084 No 8 Yes 05170
ISOT TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  MCDONALD COUNTY LIVING CENTER  1000 PATTERSON ST  ANDERSON MO 64831-7327  Mailing Address 1000 PATTERSON ST  ANDERSON MO 64831-7327	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4  Telephone (417) 845-3351 Level of Care: SNF County MCDONALD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	56 No 29084 No 8 Yes 05170 Yes 96 No
ISOT TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  MCDONALD COUNTY LIVING CENTER  1000 PATTERSON ST  ANDERSON MO 64831-7327  Mailing Address 1000 PATTERSON ST  ANDERSON MO 64831-7327  MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4  Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	56 No 29084 No 8 Yes 05170 Yes 96 No 05183
ISOT TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  MCDONALD COUNTY LIVING CENTER  1000 PATTERSON ST  ANDERSON MO 64831-7327  Mailing Address 1000 PATTERSON ST  ANDERSON MO 64831-7327  MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE  THREE MCKNIGHT PL	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4  Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid  Telephone (314) 997-5333	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	56 No 29084 No 8 Yes 05170 Yes 96 No 05183
ISOT TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  MCDONALD COUNTY LIVING CENTER  1000 PATTERSON ST  ANDERSON MO 64831-7327  Mailing Address 1000 PATTERSON ST  ANDERSON MO 64831-7327  MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE  THREE MCKNIGHT PL  SAINT LOUIS MO 63124-1900	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4  Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid  Telephone (314) 997-5333 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	56 No 29084 No 8 Yes 05170 Yes 96 No 05183
ISOT TULLISON ROAD  KANSAS CITY MO 64116-2640  Mailing Address 1201 NW TULLISON ROAD  KANSAS CITY MO 64116-2639  MCDONALD BOARDING HOME  438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  Mailing Address 438 NORTH 17TH ST  SAINT JOSEPH MO 64501-2015  MCDONALD COUNTY LIVING CENTER  1000 PATTERSON ST  ANDERSON MO 64831-7327  Mailing Address 1000 PATTERSON ST  ANDERSON MO 64831-7327  MCKNIGHT PLACE ASSISTED LIVING AND MEMORY CARE  THREE MCKNIGHT PL	Level of Care: SNF County CLAY Region 4 Medicare  Telephone (816) 233-7060 Level of Care: RCF County BUCHANAN Region 4  Telephone (417) 845-3351 Level of Care: SNF County MCDONALD Region 1 Medicare/Medicaid  Telephone (314) 997-5333	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	56 No 29084 No 8 Yes 05170 Yes 96 No 05183

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MCKNICHT DI ACE ACCICTED I IVI	NC AND MEMORY CARE			
MCKNIGHT PLACE ASSISTED LIVI	NG AND MEMORY CARE	T. I. I. (214) 002 2222	A1 1	37
THREE MCKNIGHT PLACE		<b>Telephone</b> (314) 993-3333	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63124-1900	Level of Care: SNF	Bed Capacity	55
Mailing Address THREE MCKNIGHT P	PLACE	County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1900	Region 7	Facility Number	23542
MCKNIGHT PLACE EXTENDED CA	RE			
TWO MCKNIGHT PL		<b>Telephone</b> (314) 993-2221	Alzheimer's Unit	No
SAINT LOUIS	MO 63124-1900	Level of Care: SNF	<b>Bed Capacity</b>	70
Mailing Address TWO MCKNIGHT PL		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63124-1900	Region 7 Medicare	Facility Number	18914
MEADOW RIDGE SENIOR LIVING				
521 MEADOW RIDGE LANE		<b>Telephone</b> (660) 263-0550	Alzheimer's Unit	No
MOBERLY	MO 65270-4550	Level of Care: ALF**	<b>Bed Capacity</b>	57
Mailing Address 521 MEADOW RIDGE	ELANE	County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-4550	Region 5	Facility Number	28019
				20019
MEADOW VIEW HEALTH & REHAM	BILITATION			
2203 EAST MECHANIC ST		<b>Telephone</b> (816) 380-2622	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-2060	Level of Care: SNF	Bed Capacity	120
Mailing Address 2203 EAST MECHAN		County CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-2060			
HARRISONVILLE	MO 04701-2000	Region 3 Medicare/Medicaid	Facility Number	00968
MEADOWBROOK RESIDENTIAL CA	ARE, INC			
MEADOWBROOK RESIDENTIAL CA 806 WEST MULBERRY	ARE, INC	<b>Telephone</b> (573) 546-7065	Alzheimer's Unit	No
806 WEST MULBERRY		<b>Telephone</b> (573) 546-7065 <b>Level of Care:</b> ALF**		
806 WEST MULBERRY PILOT KNOB	ARE, INC MO 63663-	Level of Care: ALF**	Bed Capacity	36
806 WEST MULBERRY PILOT KNOB <b>Mailing Address</b> PO BOX 510	MO 63663-	Level of Care: ALF** County IRON	Bed Capacity DMH Licensed	36 No
806 WEST MULBERRY PILOT KNOB		Level of Care: ALF**	Bed Capacity	36
806 WEST MULBERRY PILOT KNOB <b>Mailing Address</b> PO BOX 510	MO 63663-	Level of Care: ALF** County IRON	Bed Capacity DMH Licensed	36 No
806 WEST MULBERRY PILOT KNOB Mailing Address PO BOX 510 PILOT KNOB MEADOWVIEW MEMORY CARE	MO 63663-	Level of Care: ALF** County IRON Region 2	Bed Capacity DMH Licensed Facility Number	36 No 20513
806 WEST MULBERRY PILOT KNOB Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE	MO 63663- MO 63663-0510	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	36 No 20513 Yes
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD	MO 63663-	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	36 No 20513 Yes 24
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE	MO 63663- MO 63663-0510 MO 63010-2011	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 20513 Yes 24 No
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD	MO 63663- MO 63663-0510	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	36 No 20513 Yes 24
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE	MO 63663- MO 63663-0510 MO 63010-2011	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 20513 Yes 24 No
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER	MO 63663- MO 63663-0510 MO 63010-2011	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 Yes 24 No 12549
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER 103 EAST NURSERY	MO 63663- MO 63663-0510 MO 63010-2011 MO 63026-2039	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2  Telephone (660) 679-3179	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 Yes 24 No 12549
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER 103 EAST NURSERY BUTLER	MO 63663- MO 63663-0510 MO 63010-2011	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2  Telephone (660) 679-3179 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	36 No 20513 Yes 24 No 12549 Yes 105
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSERY	MO 63663- MO 63663-0510 MO 63010-2011 MO 63026-2039	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2  Telephone (660) 679-3179 Level of Care: SNF County BATES	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 20513 Yes 24 No 12549 Yes 105 No
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER 103 EAST NURSERY BUTLER	MO 63663- MO 63663-0510 MO 63010-2011 MO 63026-2039	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2  Telephone (660) 679-3179 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	36 No 20513 Yes 24 No 12549 Yes 105
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSERY	MO 63663- MO 63663-0510 MO 63010-2011 MO 63026-2039	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2  Telephone (660) 679-3179 Level of Care: SNF County BATES	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 20513 Yes 24 No 12549 Yes 105 No
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSERY BUTLER  MEDICALODGES NEOSHO	MO 63663- MO 63663-0510 MO 63010-2011 MO 63026-2039	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2  Telephone (660) 679-3179 Level of Care: SNF County BATES Region 3 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 Yes 24 No 12549 Yes 105 No 05319
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSERY BUTLER  MEDICALODGES NEOSHO 400 LYON DR	MO 63663- MO 63663-0510  MO 63010-2011  MO 63026-2039  MO 64730-2331  MO 64730-2331	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2  Telephone (660) 679-3179 Level of Care: SNF County BATES Region 3 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 Yes 24 No 12549 Yes 105 No 05319
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSERY BUTLER  MEDICALODGES NEOSHO 400 LYON DR NEOSHO	MO 63663- MO 63663-0510 MO 63010-2011 MO 63026-2039	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2  Telephone (660) 679-3179 Level of Care: SNF County BATES Region 3 Medicare/Medicaid  Telephone (417) 451-2544 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 Yes 24 No 12549 Yes 105 No 05319
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  MEADOWVIEW MEMORY CARE 555 WOODLAND VILLAS LANE ARNOLD Mailing Address 1749 GILSINN LANE FENTON  MEDICALODGES BUTLER 103 EAST NURSERY BUTLER Mailing Address 103 EAST NURSERY BUTLER  MEDICALODGES NEOSHO 400 LYON DR	MO 63663- MO 63663-0510  MO 63010-2011  MO 63026-2039  MO 64730-2331  MO 64730-2331	Level of Care: ALF** County IRON Region 2  Telephone (636) 296-1400 Level of Care: ALF** County JEFFERSON Region 2  Telephone (660) 679-3179 Level of Care: SNF County BATES Region 3 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 Yes 24 No 12549 Yes 105 No 05319

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MEDICALODGES NEVADA		
1210 W ASHLAND ST	<b>Telephone</b> (417) 667-5064 <b>Alzheimer's Unit</b> N	Vo
NEVADA MO 64772-1906	Level of Care: SNF Bed Capacity 10	00
Mailing Address 1210 W ASHLAND ST	County VERNON DMH Licensed N	Vо
NEVADA MO 64772-1906	Region 1 Medicare/Medicaid Facility Number 0571	17
MELODY HOUSE		
3031 SOUTH TEN MILE DR	T-11 (572) 902 7229 Al-L-1	J.
	. ,	No 15
JEFFERSON CITY MO 65109-6816		15
Mailing Address 2013 WILLIAM STREET		es
JEFFERSON CITY MO 65109-4771	Region 6 Facility Number 1437	76
MEMORY LANE OF DEXTER	T-1-1-1 (572) (24.7401 Al-h-i	
415 S CATALPA STREET	•	es
DEXTER MO 63841-2017		73
Mailing Address 415 S CATALPA STREET		Vо
DEXTER MO 63841-2017	Region 2 Medicare/Medicaid Facility Number 0215	56
MERAMEC NURSING		
940 MATTOX DR	. ,	No.
SULLIVAN MO 63080-2364		60
Mailing Address 940 MATTOX DR	County CRAWFORD DMH Licensed N	Vо
SULLIVAN MO 63080-2364	Region 6 Medicare/Medicaid Facility Number 1827	17
MEYER CARE CENTER		
1201 WEST 19TH ST	•	No.
HIGGINSVILLE MO 64037-1458	* *	56
Mailing Address 1201 WEST 19TH ST	•	Vо
HIGGINSVILLE MO 64037-1458	Region 3 Medicare/Medicaid Facility Number 0532	26
MENTED GARE CENTERS		
MEYER CARE CENTER	The second of th	
1201 WEST 19TH ST	•	No.
HIGGINSVILLE MO 64037-1458	1 2	39
Mailing Address 1201 WEST 19TH ST		Vо
HIGGINSVILLE MO 64037-1458	<b>Region</b> 3 Facility Number 0532	26
MILAN HEALTH CADE CENTER		
MILAN HEALTH CARE CENTER	T-11 (660) 265 4022	Ja
52435 INFIRMARY RD	*	00 00
MILAN MO 63556-2874		00
Mailing Address 52435 INFIRMARY RD	·	No
MILAN MO 63556-2874	Region 5 Medicare/Medicaid Facility Number 0541	18
MILL CREEK VILLAGE-ASSISTED LIVING BY AMERICA	ADF	
1990 W SOUTHAMPTON DR		es
COLUMBIA MO 65203-6238		es 59
	• •	
Mailing Address 1990 W SOUTHAMPTON DR		No 07
COLUMBIA MO 65203-6238	Region 6 Facility Number 3010	J/

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MILLER COUNTY CARE AND REH	IABILITATION CENTER			
1157 HIGHWAY 17		<b>Telephone</b> (573) 369-2318	Alzheimer's Unit Ye	
TUSCUMBIA	MO 65082-2100	Level of Care: SNF	Bed Capacity 80	
Mailing Address 1157 HWY 17		County MILLER	DMH Licensed No	
TUSCUMBIA	MO 65082-2100	Region 6 Medicare/Medicaid	Facility Number 05422	2
MILLED DECIDENT CADE INC				
MILLER RESIDENT CARE, INC 210 ROCK RD		<b>Telephone</b> (660) 327-5680	Alzheimer's Unit No	_
PARIS	MO 65275-1282	Level of Care: RCF*	Bed Capacity 40	
Mailing Address 210 ROCK RD	WIO 03273-1282	County MONROE	DMH Licensed No.	
PARIS	MO 65275-1282			
PARIS	WO 03273-1282	Region 5	Facility Number 18020	b
MINGO RESIDENTIAL CARE FACI	ILITY			
24080 STATE HWY 51		<b>Telephone</b> (573) 222-3086	Alzheimer's Unit No	О
PUXICO	MO 63960-8114	Level of Care: RCF*	Bed Capacity 30	6
Mailing Address 24080 STATE HWY	51	County STODDARD	DMH Licensed Ye	S
PUXICO	MO 63960-8114	Region 2	Facility Number 24959	9
			•	
MISSION RIDGE				
4349 S KANSAS AVE		<b>Telephone</b> (417) 520-7020	Alzheimer's Unit NC	)
SPRINGFIELD	MO 65810-1413	Level of Care: ALF**	Bed Capacity 60	0
Mailing Address 4349 S KANSAS AVI		County GREENE	DMH Licensed No	O
SPRINGFIELD	MO 65810-1413	Region 1	Facility Number 33342	2
MOCKINGBIRD MANOR RESIDEN	TIAL CARE			
227 W FRANKLIN	THE CINE	<b>Telephone</b> (816) 781-8058	Alzheimer's Unit No	0
LIBERTY	MO 64068-1641	Level of Care: RCF*	Bed Capacity 10	
Mailing Address PO BOX 121		County CLAY	DMH Licensed Ye	
LIBERTY	MO 64069-0121	Region 4	Facility Number 05450	
		1109.01	0010	
MONROE CITY MANOR CARE CE	NTER			
1010 HIGHWAY 24 & 36 EAST		<b>Telephone</b> (573) 735-4850	Alzheimer's Unit No	0
MONROE CITY	MO 63456-1116	Level of Care: SNF	Bed Capacity 60	0
Mailing Address 1010 HWY 24 & 36 E	EAST	County MARION	DMH Licensed No	O
MONROE CITY	MO 63456-1116	Region 5 Medicare/Medicaid	Facility Number 05473	3
MONROE MANOR				
200 SOUTH ST		<b>Telephone</b> (660) 327-4125	Alzheimer's Unit Ye	ss.
PARIS	MO 65275-1165	Level of Care: SNF	Bed Capacity 119	
Mailing Address 200 SOUTH ST		County MONROE	DMH Licensed No.	
PARIS	MO 65275-1165	Region 5 Medicare/Medicaid	Facility Number 0548	
	002/0 1100	Transfort 2 Material Contention	2 demis 1 danse 1 0040	•
MONTEREY PARK REHABILITAT	ION & HEALTH CARE CENTER			
4600 LITTLE BLUE PARKWAY		<b>Telephone</b> (816) 795-7888	Alzheimer's Unit No	O
INDEPENDENCE	MO 64057-8302	Level of Care: SNF	Bed Capacity 122	2
Mailing Address 4600 LITTLE BLUE I		County JACKSON	DMH Licensed No	
INDEPENDENCE	MO 64057-8302	Region 3 Medicare/Medicaid	Facility Number 1598	7

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MONTICELLO HOUSE				
1115 K LAND DR		<b>Telephone</b> (573) 243-8989	Alzheimer's Unit	No
JACKSON	MO 63755-2588	Level of Care: RCF*	Bed Capacity	32
Mailing Address PO BOX 740		<b>County</b> CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-0740	Region 2	Facility Number	14454
MONTICELLO HOUSE				
1115 K LAND DR		<b>Telephone</b> (573) 243-8989	Alzheimer's Unit	Yes
JACKSON	MO 63755-2588	Level of Care: SNF	Bed Capacity	105
Mailing Address PO BOX 740		County CAPE GIRARDEAU	DMH Licensed	No
JACKSON	MO 63755-0740	Region 2 Medicare/Medicaid	<b>Facility Number</b>	14454
MOORE-FEW CARE CENTER				
901 SOUTH ADAMS		<b>Telephone</b> (417) 448-3841	Alzheimer's Unit	No
NEVADA	MO 64772-3209	Level of Care: SNF	Bed Capacity	108
Mailing Address 901 SOUTH ADAMS		County VERNON	DMH Licensed	No
NEVADA	MO 64772-3209	Region 1 Medicare/Medicaid	Facility Number	05703
MOOREVIEW RESIDENTIAL				
130 WEST CULTON		<b>Telephone</b> (660) 429-1587	Alzheimer's Unit	No
WARRENSBURG	MO 64093-1720	Level of Care: RCF	Bed Capacity	20
Mailing Address 130 WEST CULTON		County JOHNSON	DMH Licensed	Yes
WARRENSBURG	MO 64093-1720	Region 3	Facility Number	11225
MORNINGSIDE CENTER				
1700 MORNINGSIDE DR		<b>Telephone</b> (660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1545	Level of Care: SNF	<b>Bed Capacity</b>	60
Mailing Address 1700 MORNINGSIDE	E DR	County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4 Medicare/Medicaid	Facility Number	05557
MORNINGSIDE CENTER ASSISTEI	D LIVING APARTMENTS			
1702 MORNINGSIDE DR		<b>Telephone</b> (660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1545	Level of Care: ALF	Bed Capacity	31
Mailing Address 1702 MORNINGSIDE	E DR	County LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4	Facility Number	05557
MOTHER OF GOOD COUNSEL HO	ME			
6825 NATURAL BRIDGE RD		<b>Telephone</b> (314) 383-4765	Alzheimer's Unit	No
SAINT LOUIS	MO 63121-5314	Level of Care: SNF	Bed Capacity	114
Mailing Address 6825 NATURAL BRI		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63121-5314	Region 7	Facility Number	05568
MODITED OF DEPOPERTAL WAY &	EGIDENCE INC			
MOTHER OF PERPETUAL HELP R	ESIDENCE, INC	T-11 (214) 019 2060	A1_1 -: !- T7 -:-	37
7609 WATSON ROAD	MO (2110 5001	Telephone (314) 918-2260	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63119-5001	Level of Care: ALF**	Bed Capacity	160
Mailing Address 7609 WATSON ROAL	υ	County SAINT LOUIS COUNTY	DMH Licensed	No

**Facility Number** 

21111

MO 63119-5001

SAINT LOUIS

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MOUNT CARMEL SENIOR LIVING	G - ST CHARLES, LLC			
723 FIRST CAPITOL DR		<b>Telephone</b> (636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2729	Level of Care: SNF	Bed Capacity	110
Mailing Address 723 FIRST CAPITOL		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-2729	Region 5 Medicare/Medicaid	Facility Number	07560
MOUNTAIN VIEW HEALTHCARE				
1211 NORTH ASH ST		<b>Telephone</b> (417) 934-6818	Alzheimer's Unit	No
MOUNTAIN VIEW	MO 65548-7376	Level of Care: SNF	Bed Capacity	105
Mailing Address PO BOX 879		County HOWELL	DMH Licensed	No
MOUNTAIN VIEW	MO 65548-0879	Region 2 Medicare/Medicaid	Facility Number	15542
MT VERNON NURSING		T-l1 (417) 466 2262	Alle describer 1971 14	NO
1425 SOUTH LANDRUM	NO (5712 1012	<b>Telephone</b> (417) 466-2260	Alzheimer's Unit	NO
MT VERNON	MO 65712-1912	Level of Care: SNF	Bed Capacity	60
Mailing Address 1425 S LANDRUM		County LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1912	Region 1 Medicare/Medicaid	Facility Number	16304
MY BLESSED HOME				
305 E 63RD ST		<b>Telephone</b> (816) 678-8061	Alzheimer's Unit	No
KANSAS CITY	MO 64113-2225	Level of Care: RCF	Bed Capacity	11
Mailing Address 305 E 63RD ST	WIO 04113 2223	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64113-2225	Region 3	Facility Number	27175
MINORIO CITT	110 01113 2223	Region 5	racinty raniber	2/1/3
MY PLACE RESIDENTIAL CARE,	L.C.			
23 NORTH SIXTH ST		<b>Telephone</b> (636) 933-1793	Alzheimer's Unit	No
FESTUS	MO 63028-1301	Level of Care: ALF	<b>Bed Capacity</b>	44
Mailing Address 23 NORTH SIXTH S	T	County JEFFERSON	DMH Licensed	Yes
FESTUS	MO 63028-1301	Region 2	Facility Number	10631
MY PLACE TOO, INC		T. I. 1 (626) 596 7971	A1 1	N.T.
1107 CLARKE ST	MO (2020 2700	<b>Telephone</b> (636) 586-7871	Alzheimer's Unit	No
DE SOTO	MO 63020-2709	Level of Care: RCF*	Bed Capacity	50
Mailing Address 1107 CLARKE ST	MO (2020 2700	County JEFFERSON	DMH Licensed	Yes
DE SOTO	MO 63020-2709	Region 2	Facility Number	16234
MYERS NURSING & CONVALESC	ENT CENTER			
2315 WALROND AVE		<b>Telephone</b> (816) 231-3180	Alzheimer's Unit	No
KANSAS CITY	MO 64127-4210	Level of Care: ICF	Bed Capacity	84
Mailing Address 2315 WALROND AV		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64127-4210	Region 3 Medicaid	Facility Number	05626
		- G · AAVUAVUIU		22020
NATHAN RICHARD HEALTH CAR	E CENTER			
700 EAST HIGHLAND AVE		<b>Telephone</b> (417) 667-8889	Alzheimer's Unit	No
NEVADA	MO 64772-1025	Level of Care: SNF	Bed Capacity	68
Mailing Address 700 EAST HIGHLAN		County VERNON	DMH Licensed	No
NEVADA	MO 64772-1025	Region 1 Medicare/Medicaid	Facility Number	18210

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NAZARETH LIVING CENTER				
2 NAZARETH LN		<b>Telephone</b> (314) 487-3950	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63129-7600	Level of Care: ALF**	Bed Capacity	114
Mailing Address 2 NAZARETH LN		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63129-7600	Region 7		7458
2-12-13-13-13-13-13-13-13-13-13-13-13-13-13-		Region		
NAZARETH LIVING CENTER				
2 NAZARETH LN		<b>Telephone</b> (314) 487-3950	Alzheimer's Unit	No
SAINT LOUIS	MO 63129-7600	Level of Care: SNF	Bed Capacity	121
Mailing Address 2 NAZARETH LN		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63129-7600	Region 7 Medicare/Medicaid	Facility Number 1	7458
NEIGHBORHOODS AT QUAIL CRE	EEK, THE			
1514 WEST LARK		<b>Telephone</b> (417) 889-1275	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-2270	Level of Care: SNF	Bed Capacity	120
Mailing Address 1514 WEST LARK		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-2270	Region 1 Medicare/Medicaid	Facility Number 24	4701
	ION & SKILLED NURSING BY TIGER	· · · · · · · · · · · · · · · · · · ·		
3003 FALLING LEAF COURT		<b>Telephone</b> (573) 256-4620	Alzheimer's Unit	No
COLUMBIA	MO 65201-3549	Level of Care: SNF	Bed Capacity	120
Mailing Address 3003 FALLING LEAF	COURT	County BOONE	DMH Licensed	No
COLUMBIA	MO 65201-3549	Region 6 Medicare/Medicaid	Facility Number 24	4341
NEW HAVEN CARE CENTER				
9503 HIGHWAY 100		<b>Telephone</b> (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care: SNF	Bed Capacity	90
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6 Medicare/Medicaid	Facility Number 05	5738
NEW HAVEN CARE CENTER				
9503 HIGHWAY 100		<b>Telephone</b> (573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care: ALF	Bed Capacity	16
Mailing Address 9503 HWY 100		County FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	Facility Number 05	5738
NEW HOPE ASSISTED LIVING LLC				
328 NORTH NEW HOPE DRIVE		<b>Telephone</b> (573) 300-4877	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4819	Level of Care: ALF	Bed Capacity	15
Mailing Address 328 NORTH NEW HO		County BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4819	Region 2	Facility Number 32	2690
NEW MODIFICANCE PORTS				
NEW HORIZONS RCF II		m. 1 (550) 555 0405		
5858 BUSIEK ROAD	NO (2640 E225	<b>Telephone</b> (573) 756-2426	Alzheimer's Unit	No
FARMINGTON	MO 63640-7325	Level of Care: ALF	Bed Capacity	15
Mailing Address PO BOX 510		County SAINT FRANCOIS	DMH Licensed	Yes

**Facility Number** 

14868

MO 63640-0510

FARMINGTON

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NEW MADRID LIVING CENTER		T. 1 (572) 740 5 622	
1050 DAWSON RD	NO 20050 4445	<b>Telephone</b> (573) 748-5622	Alzheimer's Unit Yes
NEW MADRID	MO 63869-1116	Level of Care: SNF	Bed Capacity 112
Mailing Address 1050 DAWSON RD	MO (2000 1110	County NEW MADRID	DMH Licensed No
NEW MADRID	MO 63869-1116	Region 2 Medicare/Medicaid	Facility Number 04952
NEW MARK REHAB AND HEALTH	CARE CENTER		
11221 NORTH NASHUA DR		<b>Telephone</b> (816) 734-4433	Alzheimer's Unit Yes
KANSAS CITY	MO 64155-1159	Level of Care: SNF	Bed Capacity 199
Mailing Address 11221 N NASHUA D	R	County CLAY	DMH Licensed No
KANSAS CITY	MO 64155-1159	Region 4 Medicare/Medicaid	Facility Number 12688
NEW PERSPECTIVE - WELDON SP	RING		
400 SIEDENTOP ROAD		<b>Telephone</b> (636) 229-1311	Alzheimer's Unit YES
WELDON SPRING	MO 63304-1036	Level of Care: ALF**	Bed Capacity 170
Mailing Address 400 SIEDENTOP ROA		County SAINT CHARLES	DMH Licensed No
WELDON SPRING	MO 63304-1036	Region 5	Facility Number 33581
WEEDOIVSI KIIVO	NIO 03304 1030	Acgion 5	rucinty runnoer 555561
NEWBRIDGE RETIREMENT COMM	MUNITY		
1205 S. MOUNT AUBURN RD		<b>Telephone</b> (573) 803-1863	Alzheimer's Unit Yes
CAPE GIRARDEAU	MO 63703-6581	Level of Care: ALF**	<b>Bed Capacity</b> 94
Mailing Address 1205 S. MOUNT AUE	BURN RD	County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63703-6581	Region 2	Facility Number 33246
NEWSTEAD PLACE			
19 NORTH NEWSTEAD		<b>Telephone</b> (314) 286-4510	Alzheimer's Unit No
SAINT LOUIS	MO 63108-2260	Level of Care: RCF*	Bed Capacity 20
Mailing Address 19 N NEWSTEAD	WO 03100-2200	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63108-2260	Region 7	Facility Number 19169
SAINI LOUIS	WIO 03100-2200	Region /	Facility Number 19109
NHC HEALTHCARE, DESLOGE			
801 BRIM ST		<b>Telephone</b> (573) 431-0223	Alzheimer's Unit Yes
DESLOGE	MO 63601-3441	Level of Care: SNF	<b>Bed Capacity</b> 120
Mailing Address PO BOX AA		County SAINT FRANCOIS	<b>DMH Licensed</b> No
DESLOGE	MO 63601-0568	Region 2 Medicare/Medicaid	Facility Number 02143
NHC HEALTHCARE, JOPLIN			
2700 EAST 34TH ST		<b>Telephone</b> (417) 781-1737	Alzheimer's Unit NO
JOPLIN	MO 64804-4310	Level of Care: SNF	<b>Bed Capacity</b> 124
Mailing Address 2700 EAST 34TH ST		County NEWTON	DMH Licensed No
JOPLIN	MO 64803-2877	Region 1 Medicare/Medicaid	Facility Number 04044
MIICHEAL PHOADE VENNOWS			
NHC HEALTHCARE, KENNETT		Tolophone (572) 999 1150	Alzhoimor's Unit
1120 FALCON KENNETT	MO 63857 3825	Telephone (573) 888-1150 Level of Care: SNF	Alzheimer's Unit Yes Bed Capacity 170
	MO 63857-3825		Bed Capacity 170  DMH Licensed No
Mailing Address PO BOX 696	MO 63957 0606	·	
KENNETT	MO 63857-0696	Region 2 Medicare/Medicaid	Facility Number 04268

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NHC HEALTHCARE, MARYLAND	HEIGHTS			
2920 FEE FEE RD		<b>Telephone</b> (314) 291-0121	Alzheimer's Unit	Yes
MARYLAND HEIGHTS	MO 63043-1915	Level of Care: SNF	Bed Capacity	220
Mailing Address 2920 FEE FEE RD		County SAINT LOUIS COUNTY	DMH Licensed	No
MARYLAND HEIGHTS	MO 63043-1915	Region 7 Medicare/Medicaid	Facility Number	08272
NHC HEALTHCARE, ST CHARLES	S			
35 SUGAR MAPLE LN		<b>Telephone</b> (636) 946-8887	Alzheimer's Unit	No
SAINT CHARLES	MO 63303-5740	Level of Care: SNF	Bed Capacity	120
Mailing Address 35 SUGAR MAPLE I		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63303-5740	Region 5 Medicare/Medicaid	Facility Number	07503
NUCHEALTHCARE WEST DIAIN	TO.			
NHC HEALTHCARE, WEST PLAIN 211 DAVIS DR	13	<b>Telephone</b> (417) 256-0798	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2242	Level of Care: SNF	Bed Capacity	114
Mailing Address PO BOX 497	110 03773 2212	County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-0497	Region 2 Medicare/Medicaid	Facility Number	08434
WESTTERMS	1410 03773 0427	Region 2 Medicale/Medicald	raciney (valide)	00434
NHC PLACE, ST PETERS MEMOR	Y CARE			
5300 EXECUTIVE CENTER PARKWA	AY	<b>Telephone</b> (636) 477-6955	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-3182	Level of Care: ALF**	<b>Bed Capacity</b>	60
Mailing Address 5300 EXECUTIVE C	ENTER PARKWAY	County SAINT CHARLES	DMH Licensed	No
SAINT PETERS	MO 63376-3182	Region 5	Facility Number	29889
NICK'S HEALTH CARE CENTER,	LLC			
253 EAST HIGHWAY 116		<b>Telephone</b> (816) 539-2376	Alzheimer's Unit	No
PLATTSBURG	MO 64477-1561	Level of Care: SNF	Bed Capacity	70
Mailing Address 253 EAST HWY 116		County CLINTON	DMH Licensed	No
PLATTSBURG	MO 64477-1561	Region 4 Medicare/Medicaid	Facility Number	22058
NIXA NURSING & REHAB				
1104 NORTH MAIN ST		<b>Telephone</b> (417) 725-1777	Alzheimer's Unit	No
NIXA	MO 65714-9316	Level of Care: SNF	Bed Capacity	82
Mailing Address 1104 N MAIN ST	WO 03/14-3310	County CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9316	Region 1 Medicare/Medicaid	Facility Number	13840
IMA	WIO 03714-7310	Region 1 Wedical e/Medicald	Pacinty Number	13040
NODAWAY HEALTHCARE				
22371 STATE HIGHWAY 46		<b>Telephone</b> (660) 562-2876	Alzheimer's Unit	No
MARYVILLE	MO 64468-8157	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 307		County NODAWAY	DMH Licensed	No
MARYVILLE	MO 64468-0307	Region 4 Medicare/Medicaid	Facility Number	05766
NODWANDY NUMBER OF STREET				
NORMANDY NURSING CENTER		Tolonhono (214) 962 0555	Alghoimar's Unit	Ma
7301 SAINT CHARLES ROCK RD SAINT LOUIS	MO 63133 1727	Telephone (314) 862-0555 Level of Care: SNF	Alzheimer's Unit	No
	MO 63133-1737		Bed Capacity DMH Licensed	116 No.
Mailing Address 7301 SAINT CHARL SAINT LOUIS		•		No
SAINT LOUIS	MO 63133-1737	Region 7 Medicare/Medicaid	Facility Number	01118

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NORTERRE				
2580 NORTERRE CIRCLE		<b>Telephone</b> (816) 479-4793	Alzheimer's Unit	Yes
LIBERTY	MO 64068-3412	Level of Care: ALF**	Bed Capacity	60
Mailing Address 2580 NORTERRE C		County CLAY	DMH Licensed	No
LIBERTY	MO 64068-3412	Region 4	Facility Number	31005
NORTERRE				
2555 NORTERRE CIRCLE		<b>Telephone</b> (816) 479-4793	Alzheimer's Unit	No
LIBERTY	MO 64068-3313	Level of Care: SNF	Bed Capacity	60
Mailing Address 2555 NORTERRE C	TIRCLE	County CLAY	DMH Licensed	No
LIBERTY	MO 64086-3313	Region 4 Medicare/Medicaid	Facility Number	31005
NORTH VILLAGE PARK		<b></b>		
2041 SILVA LN		<b>Telephone</b> (660) 269-7300	Alzheimer's Unit	No
MOBERLY	MO 65270-3658	Level of Care: SNF	Bed Capacity	184
Mailing Address 2041 SILVA LN		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-3658	Region 5 Medicare/Medicaid	Facility Number	06481
NORTHLAND REHABILITATION	& HEALTH CARE CENTER			
4301 NE PARVIN ROAD		<b>Telephone</b> (816) 702-8000	Alzheimer's Unit	No
KANSAS CITY	MO 64117-3001	Level of Care: SNF	Bed Capacity	118
Mailing Address 4301 NE PARVIN R	OAD	County CLAY	DMH Licensed	No
KANSAS CITY	MO 64117-3001	Region 4 Medicare/Medicaid	Facility Number	31230
NORTHPARK VILLAGE - ASSISTI	ED LIVING BY AMERICARE			
4449 N STATE HIGHWAY NN		<b>Telephone</b> (417) 581-3200	Alzheimer's Unit	No
OZARK	MO 65721-7221	Level of Care: ALF**	Bed Capacity	52
Mailing Address 4449 N STATE HIG	HWAY NN	County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-7221	Region 1	Facility Number	20003
NORTHRIDGE PLACE - ASSISTEI	D LIVING BY AMERICARE			
1500 LYNN ST		<b>Telephone</b> (417) 532-9793	Alzheimer's Unit	Yes
LEBANON	MO 65536-4409	Level of Care: ALF**	Bed Capacity	50
Mailing Address 1500 LYNN ST		County LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4409	Region 1	Facility Number	20525
NORTHWOOD HILLS CARE CEN	ΓER			
800 NORTH ARTHUR ST		<b>Telephone</b> (417) 754-2208	Alzheimer's Unit	Yes
HUMANSVILLE	MO 65674-8655	Level of Care: SNF	<b>Bed Capacity</b>	120
Mailing Address PO BOX 187		County POLK	DMH Licensed	No
HUMANSVILLE	MO 65674-0187	Region 1 Medicare/Medicaid	<b>Facility Number</b>	10607
OAK KNOLL SKILLED NURSING	& REHABILITATION CENTER			
37 N CLARK AVE		<b>Telephone</b> (314) 521-7419	Alzheimer's Unit	No
FERGUSON	MO 63135-2323	Level of Care: SNF	Bed Capacity	72
Mailing Address 37 N CLARK AVE		County SAINT LOUIS COUNTY	DMH Licensed	No
PEDCHICON	MO (2125 2222	Region 7 Medicare/Medicaid	Facility Number	05864
FERGUSON	MO 63135-2323	Region / Medicale/Medicald	racinty Number	03004

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OAK PARK CARE CENTER		
6637 BERTHOLD AVE	<b>Telephone</b> (314) 781-3444	Alzheimer's Unit No
SAINT LOUIS MO 63139-3318		Bed Capacity 120
Mailing Address 6637 BERTHOLD AVE	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS MO 63139-3318	Region 7 Medicare/Medicaid	Facility Number 05914
OAK POINTE OF CARTHAGE	m 1 1 (415) 250 2255	
300 W AIRPORT DR	<b>Telephone</b> (417) 358-3355	Alzheimer's Unit Yes
CARTHAGE MO 64836-3511		Bed Capacity 55
Mailing Address 300 W AIRPORT DR	County JASPER	DMH Licensed No
CARTHAGE MO 64836-3511	Region 1	Facility Number 30168
OAK POINTE OF KEARNEY		
200 MEADOWBROOK DR	<b>Telephone</b> (816) 628-0075	Alzheimer's Unit Yes
KEARNEY MO 64060-8788	•	Bed Capacity 55
Mailing Address 200 MEADOWBROOK DR	County CLAY	DMH Licensed No
KEARNEY MO 64060-8788	•	Facility Number 29803
ine close of se	Region	Tuellity Ivalliber 25003
OAK POINTE OF MARYVILLE		
817 SOUTH COUNTRY CLUB DR	<b>Telephone</b> (660) 562-2799	Alzheimer's Unit Yes
MARYVILLE MO 64468-1477	Level of Care: ALF**	<b>Bed Capacity</b> 55
Mailing Address 817 SOUTH COUNTRY CLUB DR	<b>County</b> NODAWAY	DMH Licensed No
MARYVILLE MO 64468-1477	Region 4	Facility Number 29544
OAK POINTE OF MONETT		
1011 OLD AIRPORT ROAD	<b>Telephone</b> (417) 235-3500	Alzheimer's Unit Yes
MONETT MO 65708-1375		Bed Capacity 55
Mailing Address 1011 OLD AIRPORT ROAD	County LAWRENCE	DMH Licensed No
MONETT MO 65708-1375	Region 1	Facility Number 30206
OAK POINTE OF NEOSHO		
2601 OAK RIDGE EXTENSION	<b>Telephone</b> (417) 451-8872	Alzheimer's Unit Yes
NEOSHO MO 64850-7765	Level of Care: ALF**	<b>Bed Capacity</b> 55
Mailing Address 2601 OAK RIDGE EXTENSION	<b>County</b> NEWTON	DMH Licensed No
NEOSHO MO 64850-7765	Region 1	Facility Number 29972
OAK POINTE OF ROLLA		
1000 EAST LIONS CLUB DRIVE	<b>Telephone</b> (573) 426-2186	Alzheimer's Unit Yes
ROLLA MO 65401-4356		<b>Bed Capacity</b> 65
Mailing Address 1000 EAST LIONS CLUB DRIVE	County PHELPS	<b>DMH Licensed</b> No
ROLLA MO 65401-4356	6 Region 6	Facility Number 31216
OAK POINTE OF WARRENTON		
700 FORREST AVE	<b>Telephone</b> (636) 456-6464	Alzheimer's Unit Yes
WARRENTON MO 63383-7040		Bed Capacity 71
Mailing Address 700 FORREST AVE	County WARREN	DMH Licensed No
WARRENTON MO 63383-7040	•	Facility Number 25045
	G	

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OAK POINTE OF WASHINGTON		T-l-nh (626) 200 2200	Alzheimer's Unit Yes
1650 HIGH STREET WASHINGTON	MO 63090-4354	Telephone (636) 390-3290 Level of Care: ALF**	
Mailing Address 1650 HIGH STREET	WO 03090-4334	County FRANKLIN	Bed Capacity 65  DMH Licensed No
WASHINGTON	MO 63090-4354	Region 6	Facility Number 32114
WASHINGTON	WO 03070-4334	Region 0	Facility Number 32114
OAK RIDGE ASSISTED LIVING			
403 CRISPIN ST		<b>Telephone</b> (816) 776-3435	Alzheimer's Unit Yes
RICHMOND	MO 64085-1212	Level of Care: ALF**	Bed Capacity 55
Mailing Address 403 CRISPIN ST	110 0.000 1212	County RAY	DMH Licensed No
RICHMOND	MO 64085-1212	Region 4	Facility Number 29711
			•
OAKDALE CARE CENTER			
2702 DEBBIE LN		<b>Telephone</b> (573) 686-5242	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-2650	Level of Care: RCF*	<b>Bed Capacity</b> 36
Mailing Address 2702 DEBBIE LN		County BUTLER	<b>DMH Licensed</b> Yes
POPLAR BLUFF	MO 63901-2650	Region 2	Facility Number 18157
OAKDALE CARE CENTER			
2702 DEBBIE LN		<b>Telephone</b> (573) 686-5242	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-2650	Level of Care: SNF	<b>Bed Capacity</b> 70
Mailing Address 2702 DEBBIE LN		County BUTLER	<b>DMH Licensed</b> No
POPLAR BLUFF	MO 63901-2650	Region 2 Medicare/Medicaid	Facility Number 18157
OAKDALE CARE CENTER			
2702 DEBBIE LN		<b>Telephone</b> (573) 686-5242	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-2650	Level of Care: ALF	Bed Capacity 60
Mailing Address 2702 DEBBIE LN	140 (2001 2050	County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-2650	Region 2	Facility Number 18157
OAKRIDGE OF PLATTSBURG			
205 EAST CLAY AVE		<b>Telephone</b> (816) 539-2128	Alzheimer's Unit No
PLATTSBURG	MO 64477-8100	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address PO BOX 247		County CLINTON	DMH Licensed No
PLATTSBURG	MO 64477-0247	Region 4 Medicare/Medicaid	Facility Number 05994
OAKS COTTAGE ASSISTED LIVING	G, THE		
5448 N 2ND AVENUE		<b>Telephone</b> (417) 581-0330	Alzheimer's Unit Yes
OZARK	MO 65721-6210	Level of Care: ALF**	Bed Capacity 12
Mailing Address 5448 N 2ND AVENU		County CHRISTIAN	<b>DMH Licensed</b> No
OZARK	MO 65721-6210	Region 1	Facility Number 31804
OAKS DETIDEMENTS COMMUNICA	7 <b>THE</b>		
OAKS RETIREMENT COMMUNITY	,1 NE	Tolonhono (417) 220 1112	Alzheimer's Unit No
127 HAMLET ROAD BRANSON	MO 65616-7746	Telephone (417) 239-1112 Level of Care: ALF**	Bed Capacity 30
Mailing Address 127 HAMLET ROAD	1910 03010-7740	County TANEY	DMH Licensed No
Maining Addites 12/ HAMLET ROAD		County PAINE I	Divili Licenseu No

**Facility Number** 

27358

MO 65616-7746

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OAKS THE				
OAKS, THE		Tolonhous (916) 256 0200	Alahaiman'a Unit	Νo
5550 NOLAND ROAD KANSAS CITY	MO 64133-3685	Telephone (816) 356-0200 Level of Care: RCF		No 62
	WIO 04153-3083		Bed Capacity DMH Licensed	Yes
Mailing Address 5550 NOLAND RD KANSAS CITY	MO 64133-3685	·		
KANSAS CII I	WO 04133-3083	Region 3	Facility Number 13-	440
OASIS RESIDENTIAL CARE FACII	LITY			
3508 PRAIRIE AVE		<b>Telephone</b> (314) 534-3355	Alzheimer's Unit	No
SAINT LOUIS	MO 63107-2214	Level of Care: RCF*	Bed Capacity	20
Mailing Address 3508 PRAIRIE AVE		County SAINT LOUIS CITY		Yes
SAINT LOUIS	MO 63107-2214	Region 7		415
ODESSA HEALTH CARE CENTER 609 GOLF ST		<b>Telephone</b> (816) 230-7530		No
ODESSA	MO 64076-1462	Level of Care: SNF	Bed Capacity	60 N
Mailing Address 609 GOLF ST	MO 64076 1462	County LAFAYETTE	DMH Licensed	No
ODESSA	MO 64076-1462	Region 3 Medicare/Medicaid	Facility Number 05	749
OREGON HEALTHCARE				
501 MONROE		<b>Telephone</b> (660) 446-3355	Alzheimer's Unit	No
OREGON	MO 64473-7800	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 19		County HOLT	DMH Licensed	No
OREGON	MO 64473-0019	Region 4 Medicare/Medicaid		097
		region intentary intentary	Tuesday I (united)	0,7,1
ORILLA'S WAY				
1209 SOUTH HIGH ST		<b>Telephone</b> (660) 564-2204	Alzheimer's Unit	No
GRANT CITY	MO 64456-0056	<b>Level of Care:</b> ALF**	Bed Capacity	37
Mailing Address PO BOX 56		County WORTH	DMH Licensed	No
GRANT CITY	MO 64456-0056	Region 4	Facility Number 08.	591
OSAGE BEACH REHABILITATION	I AND HEALTH CARE CENTER			
844 PASSOVER RD	THE TENETH CARE CENTER	<b>Telephone</b> (573) 348-2225	Alzheimer's Unit	No
OSAGE BEACH	MO 65065-2834	Level of Care: SNF	Bed Capacity	94
Mailing Address 844 PASSOVER RD	325 00000 200 .	County CAMDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-2834	Region 6 Medicare/Medicaid		116
			•	
OUR LADY OF MERCY COUNTRY	HOME			
2160 MERCY DRIVE		<b>Telephone</b> (816) 781-5711	Alzheimer's Unit	No
LIBERTY	MO 64068-7955	Level of Care: ALF**	Bed Capacity	44
Mailing Address 2115 MATURANA D	PRIVE	County CLAY	DMH Licensed	No
LIBERTY	MO 64068-7955	Region 4	Facility Number 06	153
OWEN ACRES RESIDENTIAL CAR	E FACILITY			
614 COUNTY ROAD 466	2 <del></del>	<b>Telephone</b> (573) 778-0497	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-2964	Level of Care: RCF	Bed Capacity	20
Mailing Address 614 COUNTY RD 46		County BUTLER		Yes
POPLAR BLUFF	MO 63901-2964	Region 2		093
		Θ.	• =-	-

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OFFECED OR LAW ARROYS OFF				
OXFORD GRAND AT SHOAL CRE	EK	T		
8280 N TULLIS AVENUE		<b>Telephone</b> (816) 781-8282	Alzheimer's Unit	Yes
KANSAS CITY	MO 64158-7683	Level of Care: ALF**	Bed Capacity	98
Mailing Address 8280 N TULLIS AVI		County CLAY	DMH Licensed	No
KANSAS CITY	MO 64158-7683	Region 4	Facility Number	30758
OZARK MANOR				
1013 HIGHWAY Z		<b>Telephone</b> (573) 783-8338	Alzheimer's Unit	No
FREDERICKTOWN	MO 63645-8035	Level of Care: ALF**	Bed Capacity	55
Mailing Address 1013 HIGHWAY Z		County MADISON	DMH Licensed	No
FREDERICKTOWN	MO 63645-8035	Region 2	Facility Number	22947
OZADY NIJDCING & CADE CENTE	7 <b>D</b>			
OZARK NURSING & CARE CENTI 1486 NORTH RIVERSIDE RD	Z <b>N</b>	<b>Telephone</b> (417) 581-7126	Alzheimer's Unit	No
OZARK	MO 65721-7688	Level of Care: SNF	Bed Capacity	93
Mailing Address 1486 NORTH RIVE		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-7688	·	Facility Number	
UZAKK	MO 03721-7088	Region 1 Medicare/Medicaid	Facility Number	06240
OZARK OAKS RESIDENTIAL CAR	RE FACILITY II			
3405 S SCHIFFERDECKER		<b>Telephone</b> (417) 347-7760	Alzheimer's Unit	No
JOPLIN	MO 64804-1388	Level of Care: RCF*	Bed Capacity	30
Mailing Address PO BOX 2526		County NEWTON	DMH Licensed	Yes
JOPLIN	MO 64803-2526	Region 1	Facility Number	13636
VO. 211.	110 01000 2020	Region 1	ruemty rumper	13030
OZARK REHABILITATION & HEA	ALTH CARE CENTER			
1083 OZARK CARE DR		<b>Telephone</b> (573) 348-1711	Alzheimer's Unit	No
		(373) 340 1711	Mizhenner 3 Chit	110
OSAGE BEACH	MO 65065-3016	Level of Care: SNF	Bed Capacity	60
OSAGE BEACH Mailing Address PO BOX 270	MO 65065-3016	• ' '		
	MO 65065-3016 MO 65065-0270	Level of Care: SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 270 OSAGE BEACH		Level of Care: SNF County CAMDEN	Bed Capacity DMH Licensed	60 No
Mailing Address PO BOX 270 OSAGE BEACH OZARK RIVERVIEW MANOR		Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	60 No 06217
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST	MO 65065-0270	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 06217 No
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK		Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 06217 No 90
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157	MO 65065-0270 MO 65721-9103	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 06217 No 90 No
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK	MO 65065-0270	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 06217 No 90
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 06217 No 90 No
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK  Mailing Address PO BOX 157 OZARK	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 06217 No 90 No
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE	MO 65065-0270  MO 65721-9103  MO 65721-0157	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 06217 No 90 No 01426
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE	MO 65765-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 06217 No 90 No 01426
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE  OZARKS METHODIST MANOR, T	MO 65765-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE	MO 65065-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403  HE	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE Region 1  Telephone (417) 258-2573	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426 No 76 No 06273
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE	MO 65765-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE Region 1  Telephone (417) 258-2573 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426 No 06273
Mailing Address PO BOX 270 OSAGE BEACH  OZARK RIVERVIEW MANOR 1200 WEST HALL ST OZARK Mailing Address PO BOX 157 OZARK  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE  OZARKS METHODIST MANOR, T 205 SOUTH COLLEGE	MO 65065-0270  MO 65721-9103  MO 65721-0157  HE  MO 65705-9340  MO 65705-0403  HE	Level of Care: SNF County CAMDEN Region 6 Medicare/Medicaid  Telephone (417) 581-6025 Level of Care: SNF County CHRISTIAN Region 1 Medicare/Medicaid  Telephone (417) 258-2573 Level of Care: RCF County LAWRENCE Region 1  Telephone (417) 258-2573	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 06217 No 90 No 01426 No 76 No 06273

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PACIFIC CARE CENTER				
105 SOUTH SIXTH ST		<b>Telephone</b> (636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care: ALF**	Bed Capacity	16
Mailing Address 105 S SIXTH ST		County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6	Facility Number	12638
PACIFIC CARE CENTER		m		
105 SOUTH SIXTH ST	NO (20(0 1220	<b>Telephone</b> (636) 271-4222	Alzheimer's Unit	No
PACIFIC 105 G GWTH GT	MO 63069-1328	Level of Care: SNF	Bed Capacity	120
Mailing Address 105 S SIXTH ST	MO (2000 1220	County FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6 Medicare/Medicaid	Facility Number	12638
PARC PROVENCE				
605 COEUR DE VILLE DR		<b>Telephone</b> (314) 542-2500	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63141-6603	Level of Care: SNF	Bed Capacity	140
Mailing Address 605 COEUR DE VIL		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63141-6603	Region 7	Facility Number	24122
STRIVE EOUIS	110 03141 0003	Region /	racinty Number	24122
PARK PLACE APARTMENTS				
1211 NORTH ASH ST		<b>Telephone</b> (417) 934-6818	Alzheimer's Unit	No
MOUNTAIN VIEW	MO 65548-7376	Level of Care: ALF	Bed Capacity	18
Mailing Address PO BOX 879		County HOWELL	DMH Licensed	No
MOUNTAIN VIEW	MO 65548-0879	Region 2	Facility Number	15542
PARK PLACE II				
PARK PLACE II 2000 BOARDWALK PLACE DR		<b>Telephone</b> (636) 625-2900	Alzheimer's Unit	YES
	MO 63368-3901	<b>Telephone</b> (636) 625-2900 <b>Level of Care:</b> ALF**	Alzheimer's Unit Bed Capacity	YES 124
2000 BOARDWALK PLACE DR		• '		
2000 BOARDWALK PLACE DR O'FALLON		Level of Care: ALF**	<b>Bed Capacity</b>	124
2000 BOARDWALK PLACE DR O'FALLON <b>Mailing Address</b> 2000 BOARDWALK O'FALLON	PLACE DR MO 63368-3901	Level of Care: ALF** County SAINT CHARLES	Bed Capacity DMH Licensed	124 No
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & B	PLACE DR MO 63368-3901	Level of Care: ALF** County SAINT CHARLES Region 5	Bed Capacity DMH Licensed Facility Number	124 No 29016
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE	PLACE DR MO 63368-3901 REHABILITATION	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	124 No 29016 No
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	124 No 29016 No 86
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & B 814 WEST SOUTH AVE MARYVILLE Mailing Address 814 WEST SOUTH A	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	124 No 29016 No 86 No
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	124 No 29016 No 86
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & B 814 WEST SOUTH AVE MARYVILLE Mailing Address 814 WEST SOUTH A	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	124 No 29016 No 86 No
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE Mailing Address 814 WEST SOUTH A MARYVILLE	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	124 No 29016 No 86 No
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE Mailing Address 814 WEST SOUTH A MARYVILLE PARKSIDE MANOR	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY Region 4 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	124 No 29016 No 86 No 06308
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE Mailing Address 814 WEST SOUTH A MARYVILLE PARKSIDE MANOR 1201 HUNT AVE	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE MO 64468-2772	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY Region 4 Medicare/Medicaid  Telephone (573) 449-1448	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	124 No 29016 No 86 No 06308
2000 BOARDWALK PLACE DR O'FALLON Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE Mailing Address 814 WEST SOUTH A MARYVILLE  PARKSIDE MANOR 1201 HUNT AVE COLUMBIA	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE MO 64468-2772	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY Region 4 Medicare/Medicaid  Telephone (573) 449-1448 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	124 No 29016 No 86 No 06308
2000 BOARDWALK PLACE DR O'FALLON  Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & B 814 WEST SOUTH AVE MARYVILLE  Mailing Address 814 WEST SOUTH A MARYVILLE  PARKSIDE MANOR 1201 HUNT AVE COLUMBIA  Mailing Address 1201 HUNT AVE COLUMBIA	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE MO 64468-2772  MO 65202-1367	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY Region 4 Medicare/Medicaid  Telephone (573) 449-1448 Level of Care: SNF County BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	124 No 29016 No 86 No 06308 Yes 120 No
2000 BOARDWALK PLACE DR O'FALLON  Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE  Mailing Address 814 WEST SOUTH A MARYVILLE  PARKSIDE MANOR 1201 HUNT AVE COLUMBIA  Mailing Address 1201 HUNT AVE COLUMBIA  PARKSIDE MANOR, LLC	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE MO 64468-2772  MO 65202-1367	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY Region 4 Medicare/Medicaid  Telephone (573) 449-1448 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	124 No 29016 No 86 No 06308 Yes 120 No 11262
2000 BOARDWALK PLACE DR O'FALLON  Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE  Mailing Address 814 WEST SOUTH A MARYVILLE  PARKSIDE MANOR 1201 HUNT AVE COLUMBIA  Mailing Address 1201 HUNT AVE COLUMBIA  PARKSIDE MANOR, LLC 300 S SAINT CHARLES ST	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE MO 64468-2772  MO 65202-1367  MO 65202-1367	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY Region 4 Medicare/Medicaid  Telephone (573) 449-1448 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	124 No 29016 No 86 No 06308 Yes 120 No 11262
2000 BOARDWALK PLACE DR O'FALLON  Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE Mailing Address 814 WEST SOUTH A MARYVILLE  PARKSIDE MANOR 1201 HUNT AVE COLUMBIA  Mailing Address 1201 HUNT AVE COLUMBIA  PARKSIDE MANOR, LLC 300 S SAINT CHARLES ST BOWLING GREEN	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE MO 64468-2772  MO 65202-1367  MO 65202-1367  MO 63334-2221	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY Region 4 Medicare/Medicaid  Telephone (573) 449-1448 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 324-9918 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	124 No 29016 No 86 No 06308 Yes 120 No 11262
2000 BOARDWALK PLACE DR O'FALLON  Mailing Address 2000 BOARDWALK O'FALLON  PARKDALE MANOR HEALTH & F 814 WEST SOUTH AVE MARYVILLE  Mailing Address 814 WEST SOUTH A MARYVILLE  PARKSIDE MANOR 1201 HUNT AVE COLUMBIA  Mailing Address 1201 HUNT AVE COLUMBIA  PARKSIDE MANOR, LLC 300 S SAINT CHARLES ST	PLACE DR MO 63368-3901  REHABILITATION  MO 64468-2772  AVE MO 64468-2772  MO 65202-1367  MO 65202-1367  MO 63334-2221	Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (660) 582-8161 Level of Care: SNF County NODAWAY Region 4 Medicare/Medicaid  Telephone (573) 449-1448 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	124 No 29016 No 86 No 06308 Yes 120 No 11262

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PARKSIDE-ASSISTED LIVING BY A	AMERICARE			
2100 PARKSIDE AVE		<b>Telephone</b> (573) 308-0834	Alzheimer's Unit No	O
ROLLA	MO 65401-5472	Level of Care: ALF**	<b>Bed Capacity</b> 2	28
Mailing Address 2100 PARKSIDE AVE	Ε	County PHELPS	<b>DMH Licensed</b> N	Ю
ROLLA	MO 65401-5472	Region 6	Facility Number 3119	1
PARKVIEW HEALTH CARE FACIL	ITV			
119 WEST FOREST	111	<b>Telephone</b> (417) 326-3000	Alzheimer's Unit Ye	20
BOLIVAR	MO 65613-1316	Level of Care: SNF		18
Mailing Address 119 WEST FOREST	WO 05015 1510	County POLK	DMH Licensed N	
BOLIVAR	MO 65613-1316	Region 1 Medicare/Medicaid	Facility Number 1763	
BOLIVIII	110 03013 1310	Region 1 Wedicare/Wedicard	racinty runner 1703	,,
PARKVIEW HEALTHCARE				
128 NORTH HARDESTY		<b>Telephone</b> (816) 241-2020	Alzheimer's Unit N	
KANSAS CITY	MO 64123-1404	Level of Care: SNF	<b>Bed Capacity</b> 12	
Mailing Address 128 NORTH HARDES		County JACKSON	DMH Licensed N	lo
KANSAS CITY	MO 64123-1404	Region 3 Medicare/Medicaid	Facility Number 0292	28
PARKWAY HEALTH CARE CENTE	R			
2323 SWOPE PARKWAY		<b>Telephone</b> (816) 924-1122	Alzheimer's Unit N	o
KANSAS CITY	MO 64130-2638	Level of Care: SNF	Bed Capacity 9	7
Mailing Address 2323 SWOPE PARKW	VAY	County JACKSON	DMH Licensed N	Ю
KANSAS CITY	MO 64130-2638	Region 3 Medicare/Medicaid	Facility Number 0709	2
PARKWAY SENIOR LIVING, THE				
550 NE NAPOLEON DR		<b>Telephone</b> (816) 228-8866	Alzheimer's Unit Ye	20
BLUE SPRINGS	MO 64014-5403	Level of Care: ALF**		.s 12
Mailing Address 550 NE NAPOLEON I		County JACKSON	DMH Licensed N	
BLUE SPRINGS	MO 64014-5403	Region 3	Facility Number 2991	
BLUE SI KINGS	WIO 04014-5405	Region 5	racinty (unificial 299)	. /
PARKWOOD MEADOWS - ASSISTE	D LIVING BY AMERICARE			
805 PARKWOOD DR		<b>Telephone</b> (573) 883-3883	Alzheimer's Unit Ye	
SAINTE GENEVIEVE	MO 63670-1858	Level of Care: ALF**		66
Mailing Address 805 PARKWOOD DR		County SAINTE GENEVIEVE		Ю
SAINTE GENEVIEVE	MO 63670-1858	Region 2	Facility Number 2323	34
PARKWOOD SKILLED NURSING A	ND REHABILITATION CENTER			
3201 PARKWOOD LN		<b>Telephone</b> (314) 291-5911	Alzheimer's Unit No	O
MARYLAND HEIGHTS	MO 63043-1334	Level of Care: SNF	Bed Capacity 13	80
Mailing Address 3201 PARKWOOD LN	N	County SAINT LOUIS COUNTY	DMH Licensed N	lo
MARYLAND HEIGHTS	MO 63043-1334	Region 7 Medicare/Medicaid	Facility Number 0247	1
PEACE HAVEN ASSOCIATION				
12630 ROTT RD		<b>Telephone</b> (314) 965-3833	Alzheimer's Unit N	ol
SAINT LOUIS	MO 63127-1214	Level of Care: ICF		12
Mailing Address 12630 ROTT RD		County SAINT LOUIS COUNTY	DMH Licensed N	
SAINT LOUIS	MO 63127-1214	Region 7	Facility Number 0636	
			2 2 2000	-

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PEARL'S II EDEN FOR ELDERS			
611 NORTH COLLEGE		<b>Telephone</b> (660) 748-4407	Alzheimer's Unit No
PRINCETON	MO 64673-1051	Level of Care: SNF	Bed Capacity 60
Mailing Address 611 NORTH COLLEG		County MERCER	DMH Licensed No
PRINCETON	MO 64673-1051	Region 4 Medicare/Medicaid	Facility Number 06453
FRINCETON	WO 04073-1031	Region 4 Medicare/Medicaid	Facility Number 00433
PETTIS COUNTY ASSISTED LIVIN	G. LLC		
3017 BROOKING PARK AVENUE	0,220	<b>Telephone</b> (660) 827-3222	Alzheimer's Unit No
SEDALIA	MO 65301-9327	Level of Care: ALF**	Bed Capacity 139
Mailing Address 3017 BROOKING PA		County PETTIS	DMH Licensed Yes
SEDALIA	MO 65301-9327	Region 6	Facility Number 30112
	110 03301 7321	Region 0	Tacinty Number 50112
PILLARS OF NORTH COUNTY HEA	ALTH & REHABILITATION CENTER	R, THE	
13700 OLD HALLS FERRY RD		<b>Telephone</b> (314) 355-0760	Alzheimer's Unit No
FLORISSANT	MO 63033-4109	Level of Care: SNF	Bed Capacity 120
Mailing Address 13700 OLD HALLS F	ERRY RD	County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63033-4109	Region 7 Medicare/Medicaid	Facility Number 07440
Day 0 1 vig v			
PIN OAKS LIVING CENTER		m	
1525 WEST MONROE ST		<b>Telephone</b> (573) 581-7261	Alzheimer's Unit No
MEXICO	MO 65265-1201	Level of Care: SNF	Bed Capacity 124
Mailing Address 1525 WEST MONRO		County AUDRAIN	<b>DMH Licensed</b> No
MEXICO	MO 65265-1201	Region 5 Medicare/Medicaid	Facility Number 05804
PINE LODGE RESIDENTIAL CARE	,		
967 N MAPLE ST		<b>Telephone</b> (417) 345-0310	Alzheimer's Unit No
BUFFALO	MO 65622-7568	Level of Care: RCF	<b>Bed Capacity</b> 22
Mailing Address 967 N MAPLE ST		County DALLAS	DMH Licensed No
BUFFALO	MO 65622-7568	Region 1	Facility Number 25563
PINE VALLEY AT THE WOODLAN	DS		
620 WOODLAND MEADOWS		<b>Telephone</b> (636) 202-1050	Alzheimer's Unit No
ARNOLD	MO 63010-2030	Level of Care: ALF**	<b>Bed Capacity</b> 48
Mailing Address 620 WOODLAND MI	EADOWS	<b>County</b> JEFFERSON	<b>DMH Licensed</b> No
ARNOLD	MO 63010-2030	Region 2	Facility Number 31974
PINE VALLEY RCF			
3381 1st STREET		<b>Telephone</b> (573) 760-8601	Alzheimer's Unit No
DOE RUN	MO 63637-3155	Level of Care: RCF	Bed Capacity 12
Mailing Address 3381 1st STREET		County SAINT FRANCOIS	DMH Licensed Yes
DOE RUN	MO 63637-3155	Region 2	Facility Number 08379
2 02 NOT	05057 5155	mgani 2	2
PINE VIEW MANOR, INC			
307 NORTH PINEVIEW ST		<b>Telephone</b> (660) 783-2118	Alzheimer's Unit No
STANBERRY	MO 64489-1509	Level of Care: ALF**	Bed Capacity 12
Mailing Address 307 NORTH PINEVII		County GENTRY	<b>DMH Licensed</b> No
STANBERRY	MO 64489-1509	Region 4	Facility Number 05832

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PINE VIEW MANOR, INC			
307 NORTH PINEVIEW ST		<b>Telephone</b> (660) 783-2118	Alzheimer's Unit No
STANBERRY MC	O 64489-1509	Level of Care: SNF	<b>Bed Capacity</b> 70
Mailing Address 307 NORTH PINEVIEW S	T	County GENTRY	<b>DMH Licensed</b> No
STANBERRY MC	0 64489-1509	Region 4 Medicare/Medicaid	Facility Number 05832
PIONEER SKILLED NURSING CENTER	1		
1500 SOUTH KANSAS AVE		<b>Telephone</b> (660) 376-2001	Alzheimer's Unit No
MARCELINE MC	O 64658-1716	Level of Care: SNF	<b>Bed Capacity</b> 96
Mailing Address 1500 S KANSAS AVE		County CHARITON	DMH Licensed No
MARCELINE MC	0 64658-1716	Region 5 Medicare/Medicaid	Facility Number 05900
PLEASANT HILL HEALTH AND REHAI	BILITATION CENTER		
1300 BROADWAY	SIETHITON CENTER	<b>Telephone</b> (816) 540-2116	Alzheimer's Unit Yes
	O 64080-1842	Level of Care: SNF	Bed Capacity 90
Mailing Address 1300 BROADWAY	9 01000 1012	County CASS	DMH Licensed No
· ·	O 64080-1842	Region 3 Medicare/Medicaid	Facility Number 15101
I LEASANT HILL MC	9 04000-1042	Region 3 Medicare/Medicaid	racinty Number 15101
PLEASANT VALLEY MANOR			
213 DAVIS DR		<b>Telephone</b> (417) 257-0179	Alzheimer's Unit No
	0 65775-2274	Level of Care: RCF*	Bed Capacity 72
Mailing Address 213 DAVIS DR	3 00,70 227.	County HOWELL	DMH Licensed No
· ·	O 65775-2274	Region 2	Facility Number 13641
WESTIENINS	03113 2214	Region 2	racinty Number 13041
PLEASANT VALLEY MANOR CARE CE	ENTER		
6814 SOBBIE RD		<b>Telephone</b> (816) 781-5277	Alzheimer's Unit No
LIBERTY	O 64068-9555	Level of Care: SNF	Bed Capacity 102
Mailing Address 6814 SOBBIE RD		County CLAY	DMH Licensed No
LIBERTY	O 64068-9555	Region 4 Medicare/Medicaid	Facility Number 06020
PLEASANT VIEW		m	
641 EUCLID AVE	2 52404 2075	<b>Telephone</b> (573) 406-1090	Alzheimer's Unit No
	O 63401-2959	Level of Care: ALF**	<b>Bed Capacity</b> 41
Mailing Address 641 EUCLID AVE		County MARION	DMH Licensed No
HANNIBAL MO	0 63401-2959	Region 5	Facility Number 25358
PLEASANT VIEW NURSING HOME			
		T-1 (660) 744 6252	Al-beim out Their
470 RAINBOW DR	2 64492 1641	<b>Telephone</b> (660) 744-6252	Alzheimer's Unit No
	O 64482-1641	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 273	2 (4402 025)	County ATCHISON	DMH Licensed No
ROCK PORT MO	0 64482-0273	Region 4 Medicare/Medicaid	Facility Number 06041
POINT LOOKOUT NURSING & REHAB			
11103 HISTORIC HIGHWAY 165		<b>Telephone</b> (417) 334-4105	Alzheimer's Unit Yes
	0 65672-6239	Level of Care: SNF	Bed Capacity 130
Mailing Address 11103 HISTORIC HIGHW		County TANEY	DMH Licensed No
· ·	O 65672-6239	Region 1 Medicare/Medicaid	Facility Number 12716
IIOEEB IEK MC	J 05012-0237	region i Medicare/Medicald	12/10

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POPA GOOD SAMARITAN SERVIC	EES, LLC			
16979 HWY 39		<b>Telephone</b> (417) 353-4448	Alzheimer's Unit Ye	
VERONA	MO 65769-6319	Level of Care: ALF**	Bed Capacity	8
Mailing Address 16979 HWY 39		County LAWRENCE	DMH Licensed No.	o
VERONA	MO 65769-6319	Region 1	Facility Number 3044	0
PORTAGEVILLE HEALTH CARE (	CENTER			
290 WEST STATE HWY 162		<b>Telephone</b> (573) 379-2017	Alzheimer's Unit No	o
PORTAGEVILLE	MO 63873-9397	Level of Care: SNF	Bed Capacity 6	
Mailing Address PO BOX 408	110 03013 7371	County NEW MADRID	DMH Licensed No.	
PORTAGEVILLE	MO 63873-0408	_	Facility Number 1711	
TORTAGEVILLE	1410 03073-0400	Region 2 Medicare/Medicaid	racinty Number 1711	9
PODELLIG DEGIDENELLI GADE				
PORTIA'S RESIDENTIAL CARE		T. 1 . (572) (0.5 2445		
307 NORTH BROADWAY		<b>Telephone</b> (573) 686-3446	Alzheimer's Unit No	
POPLAR BLUFF	MO 63901-5103	Level of Care: RCF	Bed Capacity 2	
Mailing Address 307 N BROADWAY		County BUTLER	DMH Licensed Ye	S
POPLAR BLUFF	MO 63901-5103	Region 2	Facility Number 03002	2
POTOSI MANOR 307 SOUTH HIGHWAY 21		TD 1 1 (572) 429 2225	A. 1	
	NO (0)((4,001F)	<b>Telephone</b> (573) 438-3225	Alzheimer's Unit No	
POTOSI	MO 63664-9317	Level of Care: SNF	Bed Capacity 9	
Mailing Address 307 SOUTH HIGHWA		County WASHINGTON	DMH Licensed No	O
POTOSI	MO 63664-9317	Region 2 Medicare/Medicaid	Facility Number 2164	8
PRAIRIE VIEW SKILLED NURSING 606 WEST MISSOURI ST BLOOMFIELD Mailing Address 606 WEST MISSOUR BLOOMFIELD	MO 63825-9706	Telephone (573) 568-2137 Level of Care: SNF County STODDARD Region 2 Medicare/Medicaid	Alzheimer's Unit No Bed Capacity 60 DMH Licensed No Facility Number 0062	0
PREFERRED FAMILY HEALTHCA 900 EAST LAHARPE KIRKSVILLE Mailing Address PO BOX 767 KIRKSVILLE	RE, INC  MO 63501-4520  MO 63501-0767	Telephone (660) 665-1962 Level of Care: RCF* County ADAIR Region 5	Alzheimer's Unit No Bed Capacity 5 DMH Licensed Ye Facility Number 2185	7 :s
PRIMROSE OF SEDALIA 3761 WEST 10TH ST SEDALIA Mailing Address 3761 WEST 10TH ST SEDALIA	MO 65301-2524 MO 65301-2524	Telephone (660) 527-7054 Level of Care: ALF** County PETTIS Region 6	Alzheimer's Unit No Bed Capacity 99 DMH Licensed No Facility Number 2596	0
PRIMROSE RETIREMENT COMMIT 1214 FREEDOM BLVD JEFFERSON CITY Mailing Address 1214 FREEDOM BLV JEFFERSON CITY	MO 65109-0082	Telephone (573) 634-5408 Level of Care: ALF** County COLE Region 6	Alzheimer's Unit No Bed Capacity 4 DMH Licensed No Facility Number 2969	9

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PRIMROSE RETIREMENT COMMU	UNITY OF KANSAS CITY				
8559 NORTH LINE CREEK PARKWAY	Y	Telephone	(816) 468-8282	Alzheimer's Unit	No
KANSAS CITY	MO 64154-2100	Level of Care:	ALF**	Bed Capacity	44
Mailing Address 8559 NORTH LINE C			ATTE	DMH Licensed	No
KANSAS CITY	MO 64154-2100	Region 4		Facility Number	29020
MINORIO CITT	1130 01131 2100	Region		ruemty rumber	27020
PRINCETON SENIOR LIVING THE					
1701 S E OLDHAM PARKWAY		Telephone	(816) 875-4950	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-	Level of Care:	ALF**	Bed Capacity	74
Mailing Address 1701 S E OLDHAM F	PARKWAY	County JAC	CKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-	Region 3		Facility Number	32762
PROMENADE SENIOR LIVING					
8825 EAGER ROAD		Telephone	(314) 325-7699	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63144-1205	Level of Care:	ALF**	Bed Capacity	90
	WO 03144-1203		INT LOUIS COUNTY	DMH Licensed	
Mailing Address 8825 EAGER ROAD	MO (2144 1205		INT LOUIS COUNTY		No
SAINT LOUIS	MO 63144-1205	Region 7		Facility Number	30363
PROMISE CARE CENTER, LLC					
1111 CARE AVE		Telephone	(417) 494-5037	Alzheimer's Unit	No
NIXA	MO 65714-9679	Level of Care:	RCF	<b>Bed Capacity</b>	126
Mailing Address 1111 CARE AVE		County CH	RISTIAN	DMH Licensed	No
NIXA	MO 65714-9679	Region 1		Facility Number	15935
DROVICION OF DROMICE					
PROVISION OF PROMISE		Talanhana	(214) 525 5500	A 1-1	NI.
4528 NORTH MARKET ST		Telephone	(314) 535-5509	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-2113	Level of Care:	RCF	Bed Capacity	20
Mailing Address 4528 NORTH MARK			INT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63113-2113	Region 7		Facility Number	17937
PUTNAM COUNTY CARE CENTER					
1814 OAK ST		Telephone	(660) 947-2492	Alzheimer's Unit	NO
UNIONVILLE	MO 63565-1275	Level of Care:	SNF	<b>Bed Capacity</b>	60
Mailing Address 1814 OAK ST		County PU	TNAM	DMH Licensed	No
UNIONVILLE	MO 63565-1275	Region 5	Medicare/Medicaid	Facility Number	06516
PUXICO NURSING & REHABILIAT	ION CENTER				
540 NORTH HIGHWAY 51	•	Telephone	(573) 222-3125	Alzheimer's Unit	No
PUXICO	MO 63960-9117	Level of Care:	SNF	Bed Capacity	60
Mailing Address 540 NORTH HWY 51			ODDARD	DMH Licensed	No
PUXICO	MO 63960-9117	•	Medicare/Medicaid	Facility Number	03163
TOMOO	110 03700-7117	Acgiun 2	viculcai e/ivieulcaiu	racincy rumper	03103
QUAIL RUN HEALTH CARE CENT	ER				
1405 WEST GRAND AVE		Telephone	(816) 632-2151	Alzheimer's Unit	No
CAMERON	MO 64429-1118	Level of Care:	SNF	Bed Capacity	84
Mailing Address PO BOX 525		•	KALB	DMH Licensed	No
CAMERON	MO 64429-0525	Region 4	Medicare/Medicaid	Facility Number	03829

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QUALITY RESIDENTIAL CARE			
2034 WEST COLLEGE		<b>Telephone</b> (417) 831-6466	Alzheimer's Unit No
SPRINGFIELD	MO 65806-1524	Level of Care: RCF*	<b>Bed Capacity</b> 42
Mailing Address PO BOX 8127		County GREENE	DMH Licensed Yes
SPRINGFIELD	MO 65801-8127	Region 1	Facility Number 13150
ON A DIEDRICATE DECIDED TO THE			
QUARTERS AT DES PERES, THE 13230 MANCHESTER RD		T-11 (214) 921 2996	Al-hairmania III-i4 No
DES PERES	MO 63131-1706	Telephone (314) 821-2886 Level of Care: SNF	Alzheimer's Unit No
			Bed Capacity 147  DMH Licensed No
Mailing Address 13230 MANCHESTER DES PERES	MO 63131-1706	_	
DES PERES	MO 03131-1/00	Region 7 Medicare/Medicaid	Facility Number 26726
RAINTREE VILLAGE			
1501 S W ARBORWALK BLVD		<b>Telephone</b> (816) 789-0900	Alzheimer's Unit No
LEE'S SUMMIT	MO 64082-4101	Level of Care: ALF**	<b>Bed Capacity</b> 42
Mailing Address 1501 S W ARBORWA	LK BLVD	County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64082-4101	Region 3	Facility Number 33757
		8	•
RANCH RESIDENTIAL CARE FACIL	LITY THE		
ROUTE 2, BOX 2790		<b>Telephone</b> (573) 238-4253	Alzheimer's Unit No
MARBLE HILL	MO 63764-9510	Level of Care: RCF*	<b>Bed Capacity</b> 32
Mailing Address ROUTE 2, BOX 2790		County BOLLINGER	DMH Licensed Yes
MARBLE HILL	MO 63764-9510	Region 2	Facility Number 08707
RANCHO REHAB AND HEALTHCA	RE CENTER		
615 RANCHO LN		<b>Telephone</b> (314) 839-2150	Alzheimer's Unit No
FLORISSANT	MO 63031-1717	Level of Care: SNF	Bed Capacity 120
Mailing Address 615 RANCHO LN		County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63031-1717	Region 7 Medicare/Medicaid	Facility Number 02585
RATLIFF CARE CENTER			
717 NORTH SPRIGG		<b>Telephone</b> (573) 335-5810	Alzheimer's Unit No
CAPE GIRARDEAU	MO 63701-4815	Level of Care: SNF	Bed Capacity 46
Mailing Address 717 NORTH SPRIGG	5.55 65761 1615	County CAPE GIRARDEAU	DMH Licensed No
CAPE GIRARDEAU	MO 63701-4815	Region 2 Medicare/Medicaid	Facility Number 17420
		Region 2 Medicare/Medicard	17,120
RAVENWOOD - ASSISTED LIVING	BY AMERICARE		
1950 EAST REPUBLIC RD		<b>Telephone</b> (417) 890-6000	Alzheimer's Unit Yes
SPRINGFIELD	MO 65804-6763	Level of Care: ALF**	<b>Bed Capacity</b> 66
Mailing Address 1950 E REPUBLIC RE	)	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65804-6763	Region 1	Facility Number 20791
RAVENWOOD TERRACE - ASSISTE	'N I IVING RV AMEDICADE		
1830 RAVENWOOD	D LIVING DI AMERICARE	<b>Telephone</b> (660) 263-8004	Alzheimer's Unit Yes
MOBERLY	MO 65270-3002	Level of Care: ALF**	Bed Capacity 55
Mailing Address 1830 RAVENWOOD	110 03210 3002	County RANDOLPH	DMH Licensed No
MOBERLY	MO 65270-3002	Region 5	Facility Number 16411
MODERE I	110 03210 3002	region 2	10411

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REHAB OF KANSAS CITY SOUTH				
8033 HOLMES ROAD		<b>Telephone</b> (816) 363-6222	Alzheimer's Unit	No
KANSAS CITY	MO 64131-2115	Level of Care: SNF	Bed Capacity	100
Mailing Address 8033 HOLMES ROAI		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64131-2115	Region 3 Medicare/Medicaid	Facility Number	03680
			·	
REHABILITATION CENTER OF IN	DEPENDENCE THE			
1800 S SWOPE DR	22.2.02.02,22.2	<b>Telephone</b> (816) 257-2566	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64057-1084	Level of Care: SNF	Bed Capacity	130
Mailing Address 1800 S SWOPE DR	1110 01007 1001	County JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1084	Region 3 Medicare/Medicaid	Facility Number	22063
INDELENDENCE	110 04037 1004	Region 5 Medical e/Medicald	Pacinty Number	22003
REPUBLIC NURSING & REHAB				
901 EAST HIGHWAY 174		<b>Telephone</b> (417) 732-1822	Alzheimer's Unit	Yes
REPUBLIC	MO 65738-1155	Level of Care: SNF	Bed Capacity	127
Mailing Address 901 EAST HIGHWAY		County GREENE	DMH Licensed	No
REPUBLIC	MO 65738-1155	Region 1 Medicare/Medicaid	Facility Number	13684
KEI OBEIC	110 03/30 1133	Region 1 Wicultare/Wicultaru	Tuenney Tumber	13004
REST HAVEN HEALTH CARE CEN	TER			
1800 SOUTH INGRAM		<b>Telephone</b> (660) 827-0845	Alzheimer's Unit	No
SEDALIA	MO 65301-7538	Level of Care: SNF	Bed Capacity	86
Mailing Address 1800 S INGRAM		County PETTIS	DMH Licensed	No
SEDALIA	MO 65301-7538	Region 6 Medicare/Medicaid	Facility Number	06582
		neuten e/meuten d		00002
RICHLAND CARE CENTER, INC				
400 TRI-COUNTY LANE		<b>Telephone</b> (573) 765-3243	Alzheimer's Unit	No
RICHLAND	MO 65556-8582	Level of Care: SNF	Bed Capacity	86
Mailing Address PO BOX 756		County PULASKI	DMH Licensed	No
RICHLAND	MO 65556-0756	Region 6 Medicare/Medicaid	Facility Number	08100
RICHMOND TERRACE ASSISTED I	LIVING	T. 1. (214) (46,000)		
1633 LACLEDE STATION RD	MO (2117-2020	Telephone (314) 646-8000	Alzheimer's Unit	No
SAINT LOUIS	MO 63117-2038	Level of Care: ALF**	Bed Capacity	89
Mailing Address 1633 LACLEDE STA		County SAINT LOUIS COUNTY	DMH Licensed	No
SAINT LOUIS	MO 63117-2038	Region 7	Facility Number	22269
RIDGE CREST NURSING CENTER				
706 SOUTH MITCHELL		<b>Telephone</b> (660) 429-2177	Alzheimer's Unit	Yes
WARRENSBURG	MO 64093-2828	Level of Care: SNF	Bed Capacity	120
Mailing Address 706 SOUTH MITCHE		County JOHNSON	DMH Licensed	No
WARRENSBURG	MO 64093-2828	Region 3 Medicare/Medicaid	Facility Number	06640
	010/3 2020	region 2 Medical Calenical	racinty ranibel	00040
RIDGEVIEW ASSISTED LIVING CE	ENTER			
13134 STATE HIGHWAY 25		<b>Telephone</b> (573) 624-4433	Alzheimer's Unit	No
DEXTER	MO 63841-9740	Level of Care: ALF**	<b>Bed Capacity</b>	26
Mailing Address 13134 STATE HIGHV	VAY 25	County STODDARD	DMH Licensed	No

**Facility Number** 

10128

MO 63841-9740

DEXTER

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RIDGEWAY RESIDENTIAL CARE		T 1 1 (572) 469 4219	All Control of the State of the
431 RUSSELL	MO (2000 2220	<b>Telephone</b> (573) 468-4318	Alzheimer's Unit No
SULLIVAN	MO 63080-2228	Level of Care: ALF	Bed Capacity 20
Mailing Address PO BOX 267	MO (2000 02/7	County FRANKLIN	DMH Licensed Yes
SULLIVAN	MO 63080-0267	Region 6	Facility Number 06668
RIVER CITY LIVING COMMUNITY	Y		
3038 WEST TRUMAN BLVD		<b>Telephone</b> (573) 893-3404	Alzheimer's Unit Yes
JEFFERSON CITY	MO 65109-0525	Level of Care: SNF	<b>Bed Capacity</b> 87
Mailing Address 3038 WEST TRUMA	N BLVD	County COLE	DMH Licensed No
JEFFERSON CITY	MO 65109-0525	Region 6 Medicare/Medicaid	Facility Number 04826
DIVIEW OF OCCUPY OF THE PARTY OF			
RIVER CROSSING REHAB AND HI 11278 SCHUETZ RD	EALTHCARE CENTER	Talanhana (214) 001 4066	Alabaiman's Unit No
SAINT LOUIS	MO 62146 4057	Telephone (314) 991-4066 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 120
	MO 63146-4957	County SAINT LOUIS COUNTY	DMH Licensed No
Mailing Address 11278 SCHUETZ RD SAINT LOUIS	MO 63146-4957	·	
SAINI LOUIS	MO 03140-4937	Region 7 Medicare/Medicaid	Facility Number 16378
RIVER MIST - ASSISTED LIVING I	BY AMERICARE		
2050 WEST MAUD		<b>Telephone</b> (573) 686-2833	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-4000	Level of Care: ALF**	<b>Bed Capacity</b> 42
Mailing Address 2050 WEST MAUD		County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-4000	Region 2	Facility Number 20291
RIVER OAKS CARE CENTER			
1001 NORTH WALNUT		<b>Telephone</b> (573) 695-2121	Alzheimer's Unit No
STEELE	MO 63877-1355	Level of Care: SNF	Bed Capacity 90
Mailing Address 1001 N WALNUT	110 03077 1333	County PEMISCOT	DMH Licensed No
STEELE	MO 63877-1355	Region 2 Medicare/Medicaid	Facility Number 06672
RIVERBEND HEIGHTS HEALTH & 1221 HIGHWAY 13 SOUTH	REHABILITATION	Tolonhous (660) 250 4605	Alahaiman'a Unit No
LEXINGTON	MO 64067-7187	Telephone (660) 259-4695 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 154
Mailing Address 1221 HIGHWAY 13		County LAFAYETTE	DMH Licensed No
LEXINGTON	MO 64067-7187	Region 3 Medicare/Medicaid	Facility Number 04333
LEAUVOTON	WO 04007-7187	Region 5 Medicare/Medicaid	Facility Number 04333
RIVERDELL CARE CENTER			
1121 11TH ST		<b>Telephone</b> (660) 882-7600	Alzheimer's Unit No
BOONVILLE	MO 65233-1419	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 1121 11TH ST		County COOPER	<b>DMH Licensed</b> No
BOONVILLE	MO 65233-1419	Region 6 Medicare/Medicaid	Facility Number 14428
RIVERS EDGE CARE HOME LLC			
802 KENNEDY DRIVE		<b>Telephone</b> (660) 530-8414	Alzheimer's Unit NO
WARSAW	MO 65355-	Level of Care: RCF	<b>Bed Capacity</b> 35
Mailing Address 802 KENNEDY DRI	VE	County BENTON	DMH Licensed No
WARSAW	MO 65355-	Region 6	Facility Number 33521

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RIVERSIDE NURSING & REHABII	LITATION CENTER, LLC			
4700 NW CLIFFVIEW DR		<b>Telephone</b> (816) 741-5105	Alzheimer's Unit	No
RIVERSIDE	MO 64150-1237	Level of Care: SNF	<b>Bed Capacity</b>	180
Mailing Address 4700 NW CLIFFVIE	W DR	County PLATTE	DMH Licensed	No
RIVERSIDE	MO 64150-1237	Region 4 Medicare/Medicaid	<b>Facility Number</b>	01532
DIVEDVIEW AT THE DADE CADE	E AND REHABILITATION CENTER			
1100 PROGRESS PARKWAY	E AND REHABILITATION CENTER	<b>Telephone</b> (573) 883-3454	Alzheimer's Unit	Yes
SAINTE GENEVIEVE	MO 63670-9232	Level of Care: SNF	Bed Capacity	120
Mailing Address 1100 PROGRESS PA		County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-9232		Facility Number	
SAINTE GENEVIEVE	MO 03070-9232	Region 2 Medicare/Medicaid	racinty Number	06729
RIVERVIEW NURSING CENTER				
10303 STATE RD C		<b>Telephone</b> (573) 676-3136	Alzheimer's Unit	No
MOKANE	MO 65059-1211	Level of Care: SNF	Bed Capacity	60
Mailing Address 10303 STATE RD C		County CALLAWAY	DMH Licensed	No
MOKANE	MO 65059-1211	Region 6 Medicare/Medicaid	Facility Number	06730
RIVERVIEW RESIDENTIAL PLAC	CE			
1200 WEST HALL ST		<b>Telephone</b> (417) 581-2510	Alzheimer's Unit	No
OZARK	MO 65721-9103	Level of Care: RCF*	<b>Bed Capacity</b>	40
Mailing Address PO BOX 157		County CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-0157	Region 1	Facility Number	01426
RIVERWAYS MANOR				
403 WATERCRESS RD		<b>Telephone</b> (573) 323-4282	Alzheimer's Unit	No
VAN BUREN	MO 63965-9100	Level of Care: SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 969		County CARTER	DMH Licensed	No
VAN BUREN	MO 63965-0969	Region 2 Medicare/Medicaid	Facility Number	06744
ROARING RIVER HEALTH AND F	REHABILITATION			
812 OLD EXETER RD		<b>Telephone</b> (417) 847-2184	Alzheimer's Unit	Yes
CASSVILLE	MO 65625-1704	Level of Care: SNF	<b>Bed Capacity</b>	90
Mailing Address 812 OLD EXETER I	RD	County BARRY	DMH Licensed	No
CASSVILLE	MO 65625-1704	Region 1 Medicare/Medicaid	Facility Number	10644
ROCK ISLAND VILLAGE				
619 EAST 8TH STREET		<b>Telephone</b> (573) 557-9545	Alzheimer's Unit	Yes
ELDON	MO 65026-4740	Level of Care: ALF**	Bed Capacity	70
Mailing Address 619 EAST 8TH STR	EET	County MILLER	DMH Licensed	No
ELDON	MO 65026-4740	Region 6	<b>Facility Number</b>	30865
ROCK POINT NURSING CENTER				
8477 NORTH STREET		<b>Telephone</b> (573) 292-3212	Alzheimer's Unit	Yes
BIRCH TREE	MO 65438-8887	Level of Care: SNF	Bed Capacity	86
Mailing Address 8477 NORTH STRE	ET	County SHANNON	DMH Licensed	No
BIRCH TREE	MO 65438-8887	Region 2 Medicare/Medicaid	<b>Facility Number</b>	00560

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ROCKHILL MANOR ASSISTED LI				
4025 LOCUET ST	VING	T-lh (916) 021 2225	A 1-1	NT-
4235 LOCUST ST KANSAS CITY	MO 64110-1016	Telephone (816) 931-2225 Level of Care: ALF	Alzheimer's Unit Bed Capacity	No 154
Mailing Address PO BOX 5930	MO 64110-1016	County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3	Facility Number	06794
KANDAD CITT	110 04171-0730	Region 5	racinty Number	00794
ROCKHILL MANOR ASSISTED LI	VING			
4235 LOCUST ST	, 11.0	<b>Telephone</b> (816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care: ALF**	Bed Capacity	36
Mailing Address PO BOX 5930		County JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3	Facility Number	06794
ROCKY RIDGE MANOR				
3111 HIGHWAY A		<b>Telephone</b> (417) 924-8116	Alzheimer's Unit	No
MANSFIELD	MO 65704-8105	Level of Care: SNF	Bed Capacity	65
Mailing Address 3111 HWY A		County WRIGHT	DMH Licensed	No
MANSFIELD	MO 65704-8105	Region 1 Medicare/Medicaid	Facility Number	04996
ROLLA PRESBYTERIAN MANOR				
1200 HOMELIFE PLAZA		<b>Telephone</b> (573) 364-7336	Alzheimer's Unit	No
ROLLA	MO 65401-2512	Level of Care: SNF	Bed Capacity	30
Mailing Address 1200 HOMELIFE PL		County PHELPS	DMH Licensed	No
ROLLA	MO 65401-2512	Region 6 Medicare/Medicaid	Facility Number	18727
		•	•	
ROLLA PRESBYTERIAN MANOR				
1200 HOMELIFE PLAZA		<b>Telephone</b> (573) 364-7336	Alzheimer's Unit	Yes
ROLLA	MO 65401-2512	Level of Care: ALF**	Bed Capacity	37
Mailing Address 1200 HOMELIFE PL		County PHELPS	DMH Licensed	No
ROLLA	MO 65401-2512	Region 6	Facility Number	18727
		Region 0	•	10/2/
ROSEWOOD REHAB AND HEALT	HCARE CENTER	Region 0	•	10727
ROSEWOOD REHAB AND HEALTH	HCARE CENTER	<b>Telephone</b> (816) 254-3500	Alzheimer's Unit	Yes
	HCARE CENTER  MO 64050-2590	J		
1415 WEST WHITE OAK	MO 64050-2590	<b>Telephone</b> (816) 254-3500	Alzheimer's Unit	Yes
1415 WEST WHITE OAK INDEPENDENCE	MO 64050-2590	Telephone (816) 254-3500 Level of Care: SNF	Alzheimer's Unit Bed Capacity	Yes 300
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE INDEPENDENCE	MO 64050-2590 OAK MO 64050-2590	Telephone (816) 254-3500 Level of Care: SNF County JACKSON	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 300 No
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE INDEPENDENCE ROSEWOOD RESIDENTIAL CARE	MO 64050-2590 OAK MO 64050-2590	Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 300 No 06604
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040	MO 64050-2590 OAK MO 64050-2590	Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 300 No 06604
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040 ROLLA	MO 64050-2590 OAK MO 64050-2590 MO 65401-8122	Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000 Level of Care: RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 300 No 06604 No
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040 ROLLA Mailing Address 13450 COUNTY RD	MO 64050-2590 OAK MO 64050-2590 MO 65401-8122 7040	Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000 Level of Care: RCF County PHELPS	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 300 No 06604 No 9
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040 ROLLA	MO 64050-2590 OAK MO 64050-2590 MO 65401-8122	Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000 Level of Care: RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 300 No 06604 No
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040 ROLLA Mailing Address 13450 COUNTY RD	MO 64050-2590 OAK MO 64050-2590  MO 65401-8122 7040 MO 65401-8122	Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000 Level of Care: RCF County PHELPS	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 300 No 06604 No 9
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040 ROLLA Mailing Address 13450 COUNTY RD ROLLA	MO 64050-2590 OAK MO 64050-2590  MO 65401-8122 7040 MO 65401-8122	Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000 Level of Care: RCF County PHELPS	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 300 No 06604 No 9
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040 ROLLA Mailing Address 13450 COUNTY RD ROLLA ROYAL OAKS CARE CENTER LLC	MO 64050-2590 OAK MO 64050-2590  MO 65401-8122 7040 MO 65401-8122	Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000 Level of Care: RCF County PHELPS Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 300 No 06604 No 9 No 21083
1415 WEST WHITE OAK INDEPENDENCE Mailing Address 1415 WEST WHITE-INDEPENDENCE  ROSEWOOD RESIDENTIAL CARE 13450 COUNTY RD 7040 ROLLA Mailing Address 13450 COUNTY RD ROLLA  ROYAL OAKS CARE CENTER LLC 507 EAST MARSHALL	MO 64050-2590 OAK MO 64050-2590  MO 65401-8122 7040 MO 65401-8122	Telephone (816) 254-3500 Level of Care: SNF County JACKSON Region 3 Medicare/Medicaid  Telephone (573) 341-8000 Level of Care: RCF County PHELPS Region 6  Telephone (660) 530-3168	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 300 No 06604 No 9 No 21083

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SAGE NURSING & REHAB				
3421 GASCONADE ST		<b>Telephone</b> (314) 832-4700	Alzheimer's Unit	No
SAINT LOUIS	MO 63118-4201	Level of Care: SNF	Bed Capacity	120
Mailing Address 3421 GASCONADE		County SAINT LOUIS CITY	DMH Licensed	No
SAINT LOUIS	MO 63118-4201	Region 7 Medicare/Medicaid	Facility Number	21455
CALEM CADE CENTED				
SALEM CARE CENTER 1203 NORTH JACKSON		<b>Telephone</b> (573) 729-6649	A 1-1	No
SALEM	MO 65560-1076	· · · · · · · · · · · · · · · · · · ·	Alzheimer's Unit	No 60
			Bed Capacity DMH Licensed	No
Mailing Address 1203 NORTH JACK SALEM	MO 65560-1076			
SALEW	MO 03300-1070	Region 6 Medicare/Medicaid	Facility Number	02354
SALEM RESIDENTIAL CARE				
1207 EAST ROOSEVELT ST		<b>Telephone</b> (573) 729-9449	Alzheimer's Unit	No
SALEM	MO 65560-9676	Level of Care: RCF*	Bed Capacity	35
Mailing Address 1207 EAST ROOSE		County DENT	DMH Licensed	No
SALEM	MO 65560-9676	Region 6	Facility Number	19746
		region .		157.10
SALT RIVER COMMUNITY CARE	Σ			
142 SHELBY PLAZA RD		<b>Telephone</b> (573) 588-4175	Alzheimer's Unit	Yes
SHELBINA	MO 63468-1065	Level of Care: SNF	Bed Capacity	120
Mailing Address PO BOX 529		County SHELBY	DMH Licensed	No
SHELBINA	MO 63468-0529	Region 5 Medicare/Medicaid	Facility Number	06934
CADCOVIE HEAT TH CADE CENT	SED LLC			
SARCOXIE HEALTH CARE CENT 1505 MINER	ERLLC	<b>Telephone</b> (417) 548-3434	Alzheimer's Unit	No
SARCOXIE	MO 64862-9211	Level of Care: SNF	Bed Capacity	40
Mailing Address 1505 MINER	WO 04002-9211	County JASPER	DMH Licensed	No
SARCOXIE	MO 64862-0248	Region 1 Medicare/Medicaid	Facility Number	06864
SARCOAIE	WO 04002-0246	Region 1 Medicare/Medicaid	racinty Number	00804
SCENIC NURSING AND REHABIL	ITATION CENTER, LLC			
1333 SCENIC DR		<b>Telephone</b> (636) 931-2995	Alzheimer's Unit	Yes
HERCULANEUM	MO 63048-1550	Level of Care: SNF	Bed Capacity	189
Mailing Address 1333 SCENIC DR		County JEFFERSON	DMH Licensed	No
HERCULANEUM	MO 63048-1550	Region 2 Medicare/Medicaid	Facility Number	09605
COHINI ED COLINER MIDOMO E	IOME DISTRICT			
SCHUYLER COUNTY NURSING E	IOME DISTRICT	m 1 - 1 (660) 766 0001	AT THE STATE OF	N.T.
1306 US HIGHWAY 63	NO 62561 2251	<b>Telephone</b> (660) 766-2291	Alzheimer's Unit	No
QUEEN CITY	MO 63561-2251	Level of Care: SNF	Bed Capacity	60 N
Mailing Address 1306 US HIGHWAY		County SCHUYLER	DMH Licensed	No
QUEEN CITY	MO 63561-2251	Region 5 Medicare/Medicaid	Facility Number	07004
SEASONS REHAB AND HEALTHO	CARE CENTER			
15600 WOODS CHAPEL RD		<b>Telephone</b> (816) 478-4757	Alzheimer's Unit	Yes
KANSAS CITY	MO 64139-1261	Level of Care: SNF	Bed Capacity	78
Mailing Address 15600 WOODS CH	APEL RD	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64139-1261	Region 3 Medicare/Medicaid	Facility Number	23712

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SECRET GARDENS				
351 KEITH ST		<b>Telephone</b> (573) 518-0444	Alzheimer's Unit	No
PARK HILLS	MO 63601-2049	Level of Care: RCF	Bed Capacity	10
Mailing Address PO BOX 481		County SAINT FRANCOIS	DMH Licensed	Yes
PARK HILLS	MO 63601-0481	Region 2	Facility Number	17813
SENECA HOME PLACE				
2400 SOUTH CHEROKEE AVE		<b>Telephone</b> (417) 776-8053	Alzheimer's Unit	No
SENECA	MO 64865-9323	Level of Care: RCF*	Bed Capacity	30
Mailing Address 2400 SOUTH CHERO	KEE AVE	County NEWTON	DMH Licensed	No
SENECA	MO 64865-9323	Region 1	Facility Number	17571
annua i numania				
SENECA NURSING		T-L (417) 776 9041	A 1-1	NI-
914 CHICKESAW ST	MO (4965 0201	<b>Telephone</b> (417) 776-8041	Alzheimer's Unit	No
SENECA	MO 64865-9281	Level of Care: SNF County NEWTON	Bed Capacity	80 N-
Mailing Address 914 CHICKESAW ST	MO 64965 0291	·	DMH Licensed	No
SENECA	MO 64865-9281	Region 1 Medicare/Medicaid	Facility Number	17090
SEVILLE CARE CENTER				
35625 HIGHWAY 72		<b>Telephone</b> (573) 729-6141	Alzheimer's Unit	No
SALEM	MO 65560-7217	Level of Care: SNF	Bed Capacity	90
Mailing Address 35625 HIGHWAY 72		County DENT	DMH Licensed	No
SALEM	MO 65560-0746	Region 6 Medicare/Medicaid	Facility Number	07110
SHADY OAKS HEALTHCARE CENT	ΓER			
335 BUSINESS ROUTE 63		<b>Telephone</b> (417) 264-7256	Alzheimer's Unit	No
THAYER	MO 65791-1415	Level of Care: SNF	Bed Capacity	120
Mailing Address 335 BUSINESS ROUT	TE 63	County OREGON	DMH Licensed	No
THAYER	MO 65791-1415	Region 2 Medicare/Medicaid	Facility Number	01364
SHELBINA VILLA LIFECARE				
218 EAST SHELBINA AVE		<b>Telephone</b> (573) 588-4115	Alzheimer's Unit	No
SHELBINA	MO 63468-4328	Level of Care: ALF**	Bed Capacity	68
Mailing Address 218 EAST SHELBINA		County SHELBY	DMH Licensed	No
SHELBINA	MO 63468-4328	Region 5	Facility Number	18584
SHEPHERD OF THE HILLS LIVING	. CENTER			
996 STATE HIGHWAY 248	CENTER	<b>Telephone</b> (417) 334-6431	Alzheimer's Unit	No
BRANSON	MO 65616-8154	Level of Care: SNF	Bed Capacity	100
Mailing Address 996 STATE HWY 248		County TANEY	DMH Licensed	No
BRANSON	MO 65616-8154	Region 1 Medicare/Medicaid	Facility Number	06810
CHEDHEDDIC WIEW ACCIOTED 1 137	INC			
SHEPHERD'S VIEW ASSISTED LIVI 100 SHEPHERDS LN	E10	<b>Telephone</b> (417) 778-7959	Alzheimer's Unit	No
ALTON	MO 65606-0429	Level of Care: ALF**	Bed Capacity	39
Mailing Address PO BOX 429	1.20 00000 0125	County OREGON	DMH Licensed	No
At most			Z. Z. Zicenseu	110

**Facility Number** 

23135

MO 65606-0429

ALTON

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SHERBROOKE VILLAGE			
4005 RIPA AVE		<b>Telephone</b> (314) 544-1111	Alzheimer's Unit Yes
SAINT LOUIS	MO 63125-2378	Level of Care: SNF	Bed Capacity 149
Mailing Address 4005 RIPA AVE		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63125-2378	Region 7 Medicare/Medicaid	Facility Number 15436
CHERROOVE VII I A CE			
SHERBROOKE VILLAGE		(214) 544 1111	All the Late Was
4005 RIPA AVE	MO (2125-2270	<b>Telephone</b> (314) 544-1111	Alzheimer's Unit Yes
SAINT LOUIS	MO 63125-2378	Level of Care: ALF**	Bed Capacity 88
Mailing Address 4005 RIPA AVE	MO (2125-2270	County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63125-2378	Region 7	Facility Number 15436
SHIRKEY NURSING & REHABILIT	ATION CENTER		
804 WOLLARD BLVD		<b>Telephone</b> (816) 776-5403	Alzheimer's Unit Yes
RICHMOND	MO 64085-2227	Level of Care: SNF	<b>Bed Capacity</b> 197
Mailing Address 804 WOLLARD BLV	D	County RAY	DMH Licensed No
RICHMOND	MO 64085-2227	Region 4 Medicare/Medicaid	Facility Number 07289
SIKESTON CONVALESCENT CENT	ΓER		
103 KENNEDY DR		<b>Telephone</b> (573) 471-6900	Alzheimer's Unit Yes
SIKESTON	MO 63801-5126	Level of Care: SNF	Bed Capacity 120
Mailing Address 103 KENNEDY DR		County SCOTT	DMH Licensed No
SIKESTON	MO 63801-5126	Region 2 Medicare/Medicaid	Facility Number 07331
SILEX COMMUNITY CARE			
111 DUNCAN MANSION RD		<b>Telephone</b> (573) 384-5218	Alzheimer's Unit No
SILEX	MO 63377-2229	Level of Care: SNF	<b>Bed Capacity</b> 60
Mailing Address 111 DUNCAN MANS	SION RD	County LINCOLN	<b>DMH Licensed</b> No
SILEX	MO 63377-2229	Region 5 Medicare/Medicaid	Facility Number 06838
SILEX RESIDENTIAL HOME, LLC			
145 DUNCAN MANSION RD		<b>Telephone</b> (573) 384-5213	Alzheimer's Unit No
SILEX	MO 63377-2229	Level of Care: RCF*	Bed Capacity 60
Mailing Address 145 DUNCAN MANS		County LINCOLN	DMH Licensed Yes
SILEX	MO 63377-2229	Region 5	Facility Number 20982
SILLA	110 03311 222)	region 5	racinty (value)
SILVER CREEK - ASSISTED LIVIN	G BY AMERICARE		
3325 TEXAS AVE		<b>Telephone</b> (417) 626-8100	Alzheimer's Unit Yes
JOPLIN	MO 64804-4343	Level of Care: ALF**	<b>Bed Capacity</b> 68
Mailing Address 3325 TEXAS AVE		County NEWTON	DMH Licensed No
JOPLIN	MO 64804-4343	Region 1	Facility Number 20541
SILVER SPUR			
3300 TEXAS AVE		<b>Telephone</b> (314) 773-3408	Alzheimer's Unit No
SAINT LOUIS	MO 63118-3111	Level of Care: ALF	Bed Capacity 37
Mailing Address 3300 TEXAS AVE	1410 03110-3111	County SAINT LOUIS CITY	DMH Licensed Yes
SAINT LOUIS	MO 63118-3111	·	Facility Number 00185
DAINI LOUIS	MIO 03110-3111	Region 7	racinty number 00185

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SILVERADO LEE'S SUMMIT				
3101 SW 3RD STREET		<b>Telephone</b> (816) 321-1648	Alzheimer's Unit	Yes
	MO 64081-4060	Level of Care: ALF**	Bed Capacity	54
Mailing Address 3101 SW 3RD STREET		County JACKSON	DMH Licensed	No
o contract of the contract of	MO 64081-4060	Region 3	Facility Number	31077
ELLO GOIVINIT		region 5	Tacinty Number	31077
SILVERSTONE PLACE				
2735 EAGLESON DR		<b>Telephone</b> (573) 426-6200	Alzheimer's Unit	No
ROLLA	MO 65401-8384	Level of Care: SNF	Bed Capacity	110
Mailing Address 2735 EAGLESON DR		County PHELPS	DMH Licensed	No
	MO 65401-8384	Region 6 Medicare/Medicaid	Facility Number	29351
SKYLINE ASSISTED LIVING LLC		T-lh (572) 222 2109	A 1-1	NI-
100 HARD ROCK RD	MO 62065 7250	Telephone (573) 323-2108 Level of Care: ALF**	Alzheimer's Unit	No 26
	MO 63965-7259		Bed Capacity	
Mailing Address PO BOX 780	MO 62065 0790	County CARTER	DMH Licensed	Yes
VAN BUREN	MO 63965-0780	Region 2	Facility Number	29947
SMILEY MANOR LLC				
5415 THEKLA AVE		<b>Telephone</b> (314) 932-1360	Alzheimer's Unit	No
SAINT LOUIS	MO 63120-2513	Level of Care: RCF	Bed Capacity	20
Mailing Address 5415 THEKLA AVE		County SAINT LOUIS CITY	DMH Licensed	Yes
	MO 63120-2513	Region 7	Facility Number	04078
		5	•	
SOUTH COUNTY NURSING HOME, I	NC			
1101 WEST OUTER 21 RD		<b>Telephone</b> (636) 296-5455	Alzheimer's Unit	No
ARNOLD	MO 63010-4644	Level of Care: SNF	Bed Capacity	153
Mailing Address 1101 WEST OUTER 21	RD	County JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-4644	Region 2 Medicare/Medicaid	Facility Number	
	WIO 03010-4044	Region 2 Medicare/Medicaid	racinty Number	03650
SOUTH HAMPTON PLACE	MO 03010-4044	Region 2 Medicare/Medicaid	Pacinty Number	03650
SOUTH HAMPTON PLACE 4700 BRANDON WOODS	MO 03010-4044		·	
4700 BRANDON WOODS		<b>Telephone</b> (573) 874-3674	Alzheimer's Unit	No
4700 BRANDON WOODS COLUMBIA	MO 65203-7169	Telephone (573) 874-3674 Level of Care: SNF	Alzheimer's Unit Bed Capacity	No 100
4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOO	MO 65203-7169 DS	Telephone (573) 874-3674 Level of Care: SNF County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed	No 100 No
4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOO	MO 65203-7169	Telephone (573) 874-3674 Level of Care: SNF	Alzheimer's Unit Bed Capacity	No 100
4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOO	MO 65203-7169 DS MO 65203-7169	Telephone (573) 874-3674 Level of Care: SNF County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed	No 100 No
4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOO COLUMBIA	MO 65203-7169 DS MO 65203-7169	Telephone (573) 874-3674 Level of Care: SNF County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed	No 100 No
4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOO COLUMBIA SOUTH HAVEN RESIDENTIAL CARE 10462 AIRPORT RD	MO 65203-7169 DS MO 65203-7169	Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 100 No 19799
4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOO COLUMBIA SOUTH HAVEN RESIDENTIAL CARE 10462 AIRPORT RD	MO 65203-7169 DS MO 65203-7169 E CENTER, LLC	Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 438-4150	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 100 No 19799
4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOO COLUMBIA  SOUTH HAVEN RESIDENTIAL CARE 10462 AIRPORT RD MINERAL POINT Mailing Address 10462 AIRPORT RD	MO 65203-7169 DS MO 65203-7169 E CENTER, LLC	Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 438-4150 Level of Care: RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 100 No 19799 No 20
4700 BRANDON WOODS COLUMBIA  Mailing Address 4700 BRANDON WOO COLUMBIA  SOUTH HAVEN RESIDENTIAL CARE 10462 AIRPORT RD MINERAL POINT  Mailing Address 10462 AIRPORT RD MINERAL POINT	MO 65203-7169 DS MO 65203-7169 E CENTER, LLC MO 63660-9325 MO 63660-9325	Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 438-4150 Level of Care: RCF* County WASHINGTON	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 100 No 19799 No 20 Yes
4700 BRANDON WOODS COLUMBIA  Mailing Address 4700 BRANDON WOO COLUMBIA  SOUTH HAVEN RESIDENTIAL CARE 10462 AIRPORT RD MINERAL POINT Mailing Address 10462 AIRPORT RD MINERAL POINT  SOUTH POINTE - ASSISTED LIVING	MO 65203-7169 DS MO 65203-7169 E CENTER, LLC MO 63660-9325 MO 63660-9325	Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 438-4150 Level of Care: RCF* County WASHINGTON Region 2	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 100 No 19799 No 20 Yes 10529
4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOO COLUMBIA  SOUTH HAVEN RESIDENTIAL CARE 10462 AIRPORT RD MINERAL POINT Mailing Address 10462 AIRPORT RD MINERAL POINT  SOUTH POINTE - ASSISTED LIVING 5125 OLD HWY 100	MO 65203-7169 DS MO 65203-7169 E CENTER, LLC MO 63660-9325 MO 63660-9325 BY AMERICARE	Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 438-4150 Level of Care: RCF* County WASHINGTON Region 2  Telephone (636) 239-0670	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 100 No 19799 No 20 Yes 10529
4700 BRANDON WOODS COLUMBIA  Mailing Address 4700 BRANDON WOO COLUMBIA  SOUTH HAVEN RESIDENTIAL CARE 10462 AIRPORT RD MINERAL POINT Mailing Address 10462 AIRPORT RD MINERAL POINT  SOUTH POINTE - ASSISTED LIVING 5125 OLD HWY 100 WASHINGTON	MO 65203-7169 DS MO 65203-7169 E CENTER, LLC MO 63660-9325 MO 63660-9325	Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 438-4150 Level of Care: RCF* County WASHINGTON Region 2  Telephone (636) 239-0670 Level of Care: ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 100 No 19799 No 20 Yes 10529
4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOO COLUMBIA  SOUTH HAVEN RESIDENTIAL CARE 10462 AIRPORT RD MINERAL POINT Mailing Address 10462 AIRPORT RD MINERAL POINT  SOUTH POINTE - ASSISTED LIVING 5125 OLD HWY 100 WASHINGTON Mailing Address 5125 OLD HWY 100	MO 65203-7169 DS MO 65203-7169 E CENTER, LLC MO 63660-9325 MO 63660-9325 BY AMERICARE	Telephone (573) 874-3674 Level of Care: SNF County BOONE Region 6 Medicare/Medicaid  Telephone (573) 438-4150 Level of Care: RCF* County WASHINGTON Region 2  Telephone (636) 239-0670	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 100 No 19799 No 20 Yes 10529

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SOUTH VIEW HEALTH CARE, LLO	С	T. I. I. (417) 255 0222	A11	N
951 CREAMERY ROAD	MO (5555 (052	<b>Telephone</b> (417) 255-9322	Alzheimer's Unit	No
WEST PLAINS	MO 65775-6052	Level of Care: RCF*	Bed Capacity	32
Mailing Address PO BOX 88	MO (5775 0000	County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0088	Region 2	Facility Number	23567
SOUTHAVEN				
612 SOUTH BYPASS EAST		<b>Telephone</b> (573) 888-9213	Alzheimer's Unit	No
KENNETT	MO 63857-3240	Level of Care: RCF*	Bed Capacity	36
Mailing Address 612 SOUTH BYPASS	SEAST	County DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-3240	Region 2	<b>Facility Number</b>	24336
SOUTHBROOK NURSING CENTER	t			
1101 HAZEL LANE		<b>Telephone</b> (573) 756-6658	Alzheimer's Unit	No
FARMINGTON	MO 63640-1920	Level of Care: SNF	<b>Bed Capacity</b>	104
Mailing Address 1101 HAZEL LANE		County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-1920	Region 2 Medicare/Medicaid	Facility Number	02577
SOUTHGATE LIVING CENTER				
500 TRUMAN BLVD		<b>Telephone</b> (573) 333-5150	Alzheimer's Unit	No
CARUTHERSVILLE	MO 63830-1261	Level of Care: SNF	Bed Capacity	94
Mailing Address 500 TRUMAN BLVI		County PEMISCOT	DMH Licensed	No
CARUTHERSVILLE	MO 63830-1261	Region 2 Medicare/Medicaid		01081
C/IKC TILLKS VILLE	WO 03030 1201	Region 2 Wedicare/Wedicard	racinty Number	01001
SOUTHVIEW ASSISTED LIVING				
9916 REAVIS ROAD		<b>Telephone</b> (314) 544-4440	Alzheimer's Unit	Yes
	MO 63123-5314	Telephone (314) 544-4440 Level of Care: ALF**	Alzheimer's Unit Bed Capacity	Yes 116
9916 REAVIS ROAD	MO 63123-5314	• '	Bed Capacity DMH Licensed	
9916 REAVIS ROAD AFFTON	MO 63123-5314 MO 63123-5314	Level of Care: ALF**	Bed Capacity DMH Licensed	116
9916 REAVIS ROAD AFFTON <b>Mailing Address</b> 9916 REAVIS RD	MO 63123-5314	Level of Care: ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	116 No
9916 REAVIS ROAD AFFTON <b>Mailing Address</b> 9916 REAVIS RD AFFTON	MO 63123-5314	Level of Care: ALF** County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed	116 No
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON SPECIAL FORCE FAMILY MINIST	MO 63123-5314	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number	116 No 28446
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST	MO 63123-5314  PRIES	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	116 No 28446 No
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA	MO 63123-5314  PRIES	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	116 No 28446 No 12
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA	MO 63123-5314  PRIES  MO 65714-7809  MO 65714-0882	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917 Level of Care: RCF County CHRISTIAN	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	116 No 28446 No 12 Yes
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA  SPENCER PLACE - ASSISTED LIVE	MO 63123-5314  PRIES  MO 65714-7809  MO 65714-0882	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917 Level of Care: RCF County CHRISTIAN Region 1	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	116 No 28446 No 12 Yes 18764
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA  SPENCER PLACE - ASSISTED LIVE 265 SPENCER RD	MO 63123-5314  PRIES  MO 65714-7809  MO 65714-0882  ING BY AMERICARE	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917 Level of Care: RCF County CHRISTIAN Region 1  Telephone (636) 441-6662	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	116 No 28446 No 12 Yes 18764
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA  SPENCER PLACE - ASSISTED LIVE 265 SPENCER RD SAINT PETERS	MO 63123-5314  PRIES  MO 65714-7809  MO 65714-0882	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917 Level of Care: RCF County CHRISTIAN Region 1  Telephone (636) 441-6662 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	116 No 228446 No 12 Yes 18764
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA  SPENCER PLACE - ASSISTED LIVE 265 SPENCER RD SAINT PETERS Mailing Address 265 SPENCER RD	MO 63123-5314  PRIES  MO 65714-7809  MO 65714-0882  ING BY AMERICARE  MO 63376-2430	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917 Level of Care: RCF County CHRISTIAN Region 1  Telephone (636) 441-6662 Level of Care: ALF** County SAINT CHARLES	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	116 No 28446 No 12 Yes 18764 No
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA  SPENCER PLACE - ASSISTED LIVE 265 SPENCER RD SAINT PETERS	MO 63123-5314  PRIES  MO 65714-7809  MO 65714-0882  ING BY AMERICARE	Level of Care: ALF**  County SAINT LOUIS COUNTY  Region 7  Telephone (417) 725-7917  Level of Care: RCF  County CHRISTIAN  Region 1  Telephone (636) 441-6662  Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	116 No 228446 No 12 Yes 18764
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA  SPENCER PLACE - ASSISTED LIVE 265 SPENCER RD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS SPRING MANOR	MO 63123-5314  PRIES  MO 65714-7809  MO 65714-0882  ING BY AMERICARE  MO 63376-2430	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917 Level of Care: RCF County CHRISTIAN Region 1  Telephone (636) 441-6662 Level of Care: ALF** County SAINT CHARLES Region 5	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	116 No 28446 No 12 Yes 18764 No 74 No 13294
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA  SPENCER PLACE - ASSISTED LIVI 265 SPENCER RD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS Mailing Address 365 SPENCER RD SAINT PETERS  SPRING MANOR 3610 PALM ST	MO 63123-5314  FRIES  MO 65714-7809  MO 65714-0882  ING BY AMERICARE  MO 63376-2430  MO 63376-2430	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917 Level of Care: RCF County CHRISTIAN Region 1  Telephone (636) 441-6662 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 533-3111	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	116 No 28446 No 12 Yes 18764 No 74 No 13294
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA  SPENCER PLACE - ASSISTED LIVE 265 SPENCER RD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS  Mailing Address 365 SPENCER RD SAINT PETERS  SPRING MANOR 3610 PALM ST SAINT LOUIS	MO 63123-5314  PRIES  MO 65714-7809  MO 65714-0882  ING BY AMERICARE  MO 63376-2430	Level of Care: ALF**  County SAINT LOUIS COUNTY  Region 7  Telephone (417) 725-7917  Level of Care: RCF County CHRISTIAN  Region 1  Telephone (636) 441-6662  Level of Care: ALF**  County SAINT CHARLES  Region 5  Telephone (314) 533-3111  Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	116 No 28446 No 12 Yes 18764 No 74 No 13294
9916 REAVIS ROAD AFFTON Mailing Address 9916 REAVIS RD AFFTON  SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST NIXA Mailing Address PO BOX 882 NIXA  SPENCER PLACE - ASSISTED LIVI 265 SPENCER RD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS Mailing Address 365 SPENCER RD SAINT PETERS  SPRING MANOR 3610 PALM ST	MO 63123-5314  FRIES  MO 65714-7809  MO 65714-0882  ING BY AMERICARE  MO 63376-2430  MO 63376-2430	Level of Care: ALF** County SAINT LOUIS COUNTY Region 7  Telephone (417) 725-7917 Level of Care: RCF County CHRISTIAN Region 1  Telephone (636) 441-6662 Level of Care: ALF** County SAINT CHARLES Region 5  Telephone (314) 533-3111	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	116 No 28446 No 12 Yes 18764 No 74 No 13294

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SPRING RIDGE - ASSISTED LIVING	G BY AMERICARE		
2828 SOUTH MEADOWBROOK		<b>Telephone</b> (417) 889-7100	Alzheimer's Unit No
SPRINGFIELD	MO 65807-5925	Level of Care: ALF**	<b>Bed Capacity</b> 44
Mailing Address 2828 SOUTH MEAD	OWBROOK	County GREENE	<b>DMH Licensed</b> No
SPRINGFIELD	MO 65807-5925	Region 1	Facility Number 19713
SPRING VALLEY ASSISTED LIVIN	IG		
2915 SOUTH FREMONT AVE		<b>Telephone</b> (417) 883-4022	Alzheimer's Unit No
SPRINGFIELD	MO 65804-3608	Level of Care: ALF	Bed Capacity 40
Mailing Address 2915 SOUTH FREMO	ONT AVE	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65804-3608	Region 1	Facility Number 00144
SPRING VALLEY HEALTH & REH.	ABILITATION CENTER		
2915 SOUTH FREMONT AVE		<b>Telephone</b> (417) 883-4022	Alzheimer's Unit Yes
SPRINGFIELD	MO 65804-3608	Level of Care: SNF	<b>Bed Capacity</b> 194
Mailing Address 2915 SOUTH FREMO		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65804-3608	Region 1 Medicare/Medicaid	Facility Number 00144
SPRINGFIELD REHABILITATION	& HEALTH CARE CENTER		
2800 S FORT AVE		<b>Telephone</b> (417) 882-0035	Alzheimer's Unit No
SPRINGFIELD	MO 65807-3480	Level of Care: SNF	Bed Capacity 146
Mailing Address PO BOX 3438 GS		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65808-3438	Region 1 Medicare/Medicaid	Facility Number 07460
CDDINGERED SWILLED CARE OF	NICED		
SPRINGFIELD SKILLED CARE CE	NIEK	T-1	Al-la-i
2401 W GRAND ST	MO (5902 4067	<b>Telephone</b> (417) 864-4545	Alzheimer's Unit No
SPRINGFIELD	MO 65802-4967	Level of Care: SNF	Bed Capacity 120
Mailing Address 2401 W GRAND ST	MO (5902 4067	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65802-4967	Region 1 Medicare/Medicaid	Facility Number 09756
SPRINGFIELD VILLA			
1100 EAST MONTCLAIR		<b>Telephone</b> (417) 820-8500	Alzheimer's Unit Yes
SPRINGFIELD	MO 65807-5076	Level of Care: SNF	<b>Bed Capacity</b> 146
Mailing Address 1100 EAST MONTCI	LAIR	County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-5076	Region 1 Medicare/Medicaid	Facility Number 05280
SPRINGHOUSE VILLAGE			
3877 EAST FARM ROAD 132		<b>Telephone</b> (417) 708-3403	Alzheimer's Unit Yes
SPRINGFIELD	MO 65802-6241	Level of Care: ALF**	Bed Capacity 100
Mailing Address 3877 EAST FARM RO		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65802-6241	Region 1	Facility Number 32469
			•
ST AGNES HOME			
10341 MANCHESTER RD		<b>Telephone</b> (314) 965-7616	Alzheimer's Unit No
KIRKWOOD	MO 63122-1520	Level of Care: ICF	<b>Bed Capacity</b> 150
Mailing Address 10341 MANCHESTE		County SAINT LOUIS COUNTY	DMH Licensed No
KIRKWOOD	MO 63122-1520	Region 7	Facility Number 07481

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ST ANDREW'S ASSISTED LIVING OF B	RIDGETON				
11325 ST CHARLES ROCK RD		Telephone	(314) 209-1177	Alzheimer's Unit	No
BRIDGETON MO	O 63044-2722	Level of Care:	ALF**	Bed Capacity	35
Mailing Address 11325 ST CHARLES ROC	CK RD	County SA	INT LOUIS COUNTY	DMH Licensed	No
BRIDGETON MO	O 63044-2722	Region 7		Facility Number	22810
ST ANDREW'S AT FRANCIS PLACE					
400 SUMMERVILLE BLVD		Telephone	(636) 938-5151	Alzheimer's Unit	No
	O 63025-2316	Level of Care:	SNF	Bed Capacity	106
Mailing Address 400 SUMMERVILLE BLV			INT LOUIS COUNTY	DMH Licensed	No
9	O 63025-2316	·			
EURERA	J 03023-2310	Region 7	Medicare/Medicaid	Facility Number	06430
ST ANDREW'S AT NEW FLORENCE		Telemb	(572) 415 0222	All-bathanant FT 14	ът
515 PICNIC ST		Telephone	(573) 415-9333	Alzheimer's Unit	No
	O 63363-2223	Level of Care:	RCF*	Bed Capacity	33
Mailing Address 515 PICNIC ST		•	ONTGOMERY	DMH Licensed	No
NEW FLORENCE MO	O 63363-2223	Region 6		Facility Number	05723
<u></u>					
ST ANDREW'S AT NEW FLORENCE					
515 PICNIC ST		Telephone	(573) 415-9333	Alzheimer's Unit	No
NEW FLORENCE MO	O 63363-2223	Level of Care:	SNF	Bed Capacity	87
Mailing Address 515 PICNIC ST		County MC	ONTGOMERY	DMH Licensed	No
NEW FLORENCE MO	O 63363-2223	Region 6	Medicare/Medicaid	Facility Number	05723
ST ANTHONY'S					
1010 EAST 68TH STREET		Telephone	(816) 846-0870	Alzheimer's Unit	Yes
	O 64131-1311	Level of Care:	ALF**	Bed Capacity	81
Mailing Address 1010 EAST 68TH STREET	Γ	County JAC	CKSON	DMH Licensed	No
KANSAS CITY MO	O 64131-1311	Region 3		Facility Number	32075
CT CV AND NATIONAL CENTER					
ST CLAIR NURSING CENTER 1035 PLAZA COURT NORTH		Telephone	(636) 629-2100	Alzheimer's Unit	No
	0. 62077 1120	•	` '		
	O 63077-1129	Level of Care:	SNF	Bed Capacity	79
Mailing Address 1035 PLAZA CT NORTH		·	ANKLIN	DMH Licensed	No
SAINT CLAIR MO	O 63077-1129	Region 6	Medicare/Medicaid	Facility Number	13744
ST ELIZABETH CARE CENTER					
649 SOUTH WALNUT ST		Telephone	(573) 493-2215	Alzheimer's Unit	No
	0. 65075 2440	-			
	O 65075-2440	Level of Care:	SNF	Bed Capacity	63 N-
Mailing Address 649 SOUTH WALNUT ST		·	LLER	DMH Licensed	No
SAINT ELIZABETH MO	O 65075-2440	Region 6	Medicare/Medicaid	Facility Number	07523
ST ELIZABETH HALL					
325 NORTH NEWSTEAD AVE		Telephone	(314) 652-9525	Alzheimer's Unit	No
	O 63108-2707	Level of Care:	ALF**	Bed Capacity	50
Mailing Address 325 N NEWSTEAD AVE	5 53100 2101		INT LOUIS CITY	DMH Licensed	Yes
	O 63108-2707		IIVI LOUIS CII I		
SAINT LOUIS MO	J 03106-2707	Region 7		Facility Number	07516

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ST FRANCIS PARK - ASSISTED LI	IVING RV AMERICARE			
1806 SAINT FRANCIS ST	VINO DI AMERICARE	<b>Telephone</b> (573) 888-1188	Alzheimer's Unit	No
KENNETT	MO 63857-1568	Level of Care: ALF**	Bed Capacity	50
Mailing Address PO BOX 629	110 03037 1300	County DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-0629	Region 2	Facility Number	18903
KENNETT	110 03037 0027	Region 2	Tachity Number	10703
ST FRANCOIS MANOR				
1180 OLD JACKSON RD		<b>Telephone</b> (573) 760-1700	Alzheimer's Unit	No
FARMINGTON	MO 63640-3428	Level of Care: SNF	Bed Capacity	118
Mailing Address 1180 OLD JACKSO	N RD	County SAINT FRANCOIS	DMH Licensed	No
FARMINGTON	MO 63640-3428	Region 2 Medicare/Medicaid	<b>Facility Number</b>	21512
CT FD ANGOVG MANOR				
ST FRANCOIS MANOR		F. I. I. (572) 7.00 1700	A11	N
1180 OLD JACKSON RD	NO 62640 2420	<b>Telephone</b> (573) 760-1700	Alzheimer's Unit	No
FARMINGTON	MO 63640-3428	Level of Care: RCF	Bed Capacity	11
Mailing Address 1180 OLD JACKSO		County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-3428	Region 2	Facility Number	21512
ST FRANCOIS MANOR				
1180 OLD JACKSON RD		<b>Telephone</b> (573) 760-1700	Alzheimer's Unit	No
FARMINGTON	MO 63640-3428	Level of Care: RCF*	Bed Capacity	29
Mailing Address 1180 OLD JACKSO	N RD	County SAINT FRANCOIS	DMH Licensed	Yes
FARMINGTON	MO 63640-3428	Region 2	Facility Number	21512
ST GENEVIEVE NURSING				
1010 STE GENEVIEVE DR		<b>Telephone</b> (573) 883-5725	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-1447	Level of Care: SNF	Bed Capacity	90
Mailing Address PO BOX 426		County SAINTE GENEVIEVE	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-0426	Region 2 Medicare/Medicaid	Facility Number	03254
ST JAMES LIVING CENTER				
415 SIDNEY ST		<b>Telephone</b> (573) 265-8921	Alzheimer's Unit	Yes
SAINT JAMES	MO 65559-1070	Level of Care: SNF	Bed Capacity	90
Mailing Address PO BOX 69		County PHELPS	DMH Licensed	No
SAINT JAMES	MO 65559-0069	Region 6 Medicare/Medicaid	Facility Number	05238
CT YOU MANOR				
ST JOE MANOR		m		•-
10 LAKE DR		<b>Telephone</b> (573) 358-2800	Alzheimer's Unit	Yes
BONNE TERRE	MO 63628-1820	Level of Care: SNF	Bed Capacity	145
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2 Medicare/Medicaid	Facility Number	22664
ST JOE MANOR				
10 LAKE DR		<b>Telephone</b> (573) 358-2800	Alzheimer's Unit	No
BONNE TERRE	MO 63628-1820	Level of Care: ALF	Bed Capacity	10
Mailing Address 10 LAKE DR		County SAINT FRANCOIS	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2	<b>Facility Number</b>	22664

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ST JOE MANOR			
10 LAKE DR		<b>Telephone</b> (573) 358-2800	Alzheimer's Unit No
BONNE TERRE	MO 63628-1820	Level of Care: ALF**	Bed Capacity 36
Mailing Address 10 LAKE DR	110 (22.20) 1020	County SAINT FRANCOIS	DMH Licensed No
BONNE TERRE	MO 63628-1820	Region 2	Facility Number 22664
ST JOHNS PLACE			
3333 BROWN ROAD		<b>Telephone</b> (314) 426-2211	Alzheimer's Unit No
SAINT LOUIS	MO 63114-4327	Level of Care: SNF	<b>Bed Capacity</b> 94
Mailing Address 3333 BROWN RD		County SAINT LOUIS COUNTY	DMH Licensed No
SAINT LOUIS	MO 63114-4327	Region 7 Medicare/Medicaid	Facility Number 18454
CT IOSEDII CHATEAU			
ST JOSEPH CHATEAU 811 NORTH 9TH ST		<b>Telephone</b> (816) 722-9093	Alzheimer's Unit No
SAINT JOSEPH	MO 64501-1651	Level of Care: SNF	Bed Capacity 69
Mailing Address 811 NORTH 9TH ST	MO 04301-1031	County BUCHANAN	DMH Licensed No
SAINT JOSEPH	MO 64508-1651	•	
SAINT JOSEFH	WO 04308-1031	Region 4 Medicare/Medicaid	Facility Number 07532
ST JOSEPH MANOR HEALTH & RI	EHABILITATION		
1317 NORTH 36TH ST		<b>Telephone</b> (816) 676-1630	Alzheimer's Unit No
SAINT JOSEPH	MO 64506-2359	Level of Care: SNF	Bed Capacity 110
Mailing Address 1317 NORTH 36TH S		County BUCHANAN	<b>DMH Licensed</b> No
SAINT JOSEPH	MO 64506-2359	Region 4 Medicare/Medicaid	Facility Number 00526
ST LOUIS ALTENHEIM			
5408 SOUTH BROADWAY		<b>Telephone</b> (314) 353-7225	Alzheimer's Unit Yes
SAINT LOUIS	MO 63111-2023	Level of Care: ALF**	Bed Capacity 23
Mailing Address 5408 SOUTH BROAL	OWAY	County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63111-2023	Region 7	Facility Number 07585
ST LOUIS ALTENHEIM			
5408 SOUTH BROADWAY		<b>Telephone</b> (314) 353-7225	Alzheimer's Unit No
SAINT LOUIS	MO 63111-2023	Level of Care: SNF	Bed Capacity 48
Mailing Address 5408 SOUTH BROAL		County SAINT LOUIS CITY	DMH Licensed No
SAINT LOUIS	MO 63111-2023	Region 7 Medicaid	Facility Number 07585
Simili Eccio	WG 03111 2023	Region / Medicald	Tuellieg Tulliser 07303
ST LOUIS HILLS ASSISTED LIVING	G AND MEMORY CARE		
6543 CHIPPEWA ST		<b>Telephone</b> (314) 647-6600	Alzheimer's Unit Yes
SAINT LOUIS	MO 63109-4100	Level of Care: ALF**	Bed Capacity 181
Mailing Address 6543 CHIPPEWA ST		County SAINT LOUIS CITY	<b>DMH Licensed</b> No
SAINT LOUIS	MO 63109-4100	Region 7	Facility Number 07594
ST LUKE'S CARE CENTER, INC			
1220 EAST FAIRVIEW AVE		<b>Telephone</b> (417) 358-9084	Alzheimer's Unit No
CARTHAGE	MO 64836-3122	Level of Care: ALF**	Bed Capacity 41
Mailing Address 1220 EAST FAIRVIE	W AVE	County JASPER	<b>DMH Licensed</b> No
CARTHAGE	MO 64836-3122	Region 1	Facility Number 07606

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ST LUKE'S NURSING AND REHABILITATION	
1220 EAST FAIRVIEW AVE	<b>Telephone</b> (417) 358-9084 <b>Alzheimer's Unit</b> Yes
CARTHAGE MO 64836	
Mailing Address 1220 EAST FAIRVIEW AVE	County JASPER DMH Licensed No
CARTHAGE MO 64836	Region 1 Medicare/Medicaid Facility Number 07606
ST PETERS POST ACUTE	
5400 EXECUTIVE CENTRE PKWY	<b>Telephone</b> (636) 922-7600 <b>Alzheimer's Unit</b> Yes
SAINT PETERS MO 63376	2594 Level of Care: SNF Bed Capacity 130
Mailing Address 5400 EXECUTIVE CENTRE PKW	County SAINT CHARLES DMH Licensed No
SAINT PETERS MO 63376	2594 <b>Region</b> 5 <b>Medicare/Medicaid Facility Number</b> 26014
ST PETERS POST ACUTE	
5400 EXECUTIVE CENTRE PKWY	Telephone (636) 922-7600 Alzheimer's Unit No
SAINT PETERS MO 63376	•
Mailing Address 5400 EXECUTIVE CENTRE PKW	
SAINT PETERS MO 63376	
ine deer	Region 5 Turning Number 20014
ST PETERS REHAB AND HEALTHCARE CENT	
230 SPENCER RD	Telephone (636) 441-2750 Alzheimer's Unit No
SAINT PETERS MO 63376	
Mailing Address 230 SPENCER RD	County SAINT CHARLES DMH Licensed No
SAINT PETERS MO 63376	2425 <b>Region</b> 5 <b>Medicare/Medicaid Facility Number</b> 07613
ST SOPHIA HEALTH & REHABILITATION CE	
936 CHARBONIER RD	Telephone (314) 831-4800 Alzheimer's Unit No
FLORISSANT MO 63031	
Mailing Address 936 CHARBONIER RD	County SAINT LOUIS COUNTY DMH Licensed No
FLORISSANT MO 63031	Segion 7 Medicare/Medicaid Facility Number 07631
STEELVILLE SENIOR LIVING	
311 NORTH SPRING ST	Telephone (573) 260-8850 Alzheimer's Unit No
STEELVILLE MO 65565	
Mailing Address 311 NORTH SPRING ST	County CRAWFORD DMH Licensed No
STEELVILLE MO 65565	Region 6 Medicare/Medicaid Facility Number 02860
STEELVILLE SENIOR LIVING	
311 NORTH SPRING ST	<b>Telephone</b> (573) 260-8850 <b>Alzheimer's Unit</b> No
STEELVILLE MO 65565	
Mailing Address 311 NORTH SPRING ST	County CRAWFORD DMH Licensed No
STEELVILLE MO 65565	<b>Region</b> 6 <b>Facility Number</b> 02860
STONEBRIDGE ADAMS STREET	
1024 ADAMS ST	Telephone (573) 635-1320 Alzheimer's Unit No
JEFFERSON CITY MO 65101	* · ·
Mailing Address 1024 ADAMS ST	County COLE DMH Licensed No
JEFFERSON CITY MO 65101	Region 6 Medicare/Medicaid Facility Number 01339

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STONEBRIDGE CHILLICOTHE		Tolonhono (660) 646 4122	Alabaiman'a Unit No
2601 FAIR ST	MO (4(0) 2525	Telephone (660) 646-4123 Level of Care: SNF	Alzheimer's Unit No Bed Capacity 75
CHILLICOTHE Mailing Address 2401 EAID ST	MO 64601-3525		Bed Capacity 75  DMH Licensed No
Mailing Address 2601 FAIR ST CHILLICOTHE	MO 64601-3525	•	
CHILLICOTHE	WIO 04001-3323	Region 4 Medicare/Medicaid	Facility Number 03833
STONEBRIDGE CHILLICOTHE			
2601 FAIR ST		<b>Telephone</b> (660) 646-4123	Alzheimer's Unit No
CHILLICOTHE	MO 64601-3525	Level of Care: ALF**	<b>Bed Capacity</b> 40
Mailing Address 2601 FAIR ST		County LIVINGSTON	DMH Licensed No
CHILLICOTHE	MO 64601-3525	Region 4	Facility Number 03833
CTONERDIDGE DECOTO			
STONEBRIDGE DESOTO		T-1h (626) 596 (550)	All-Laterania Tirata Ni
1550 VILLAS DR DE SOTO	MO 62020 2586	Telephone (636) 586-6559 Level of Care: ALF**	Alzheimer's Unit No Bed Capacity 80
	MO 63020-2586	County JEFFERSON	DMH Licensed No
Mailing Address 1550 VILLAS DR DE SOTO	MO 63020-2586		
DESOIO	WIO 03020-2380	Region 2	Facility Number 13501
STONEBRIDGE DESOTO			
1550 VILLAS DR		<b>Telephone</b> (636) 586-6559	Alzheimer's Unit No
DE SOTO	MO 63020-2586	Level of Care: SNF	<b>Bed Capacity</b> 56
Mailing Address 1550 VILLAS DR		<b>County</b> JEFFERSON	<b>DMH Licensed</b> No
DE SOTO	MO 63020-2586	Region 2 Medicare/Medicaid	Facility Number 13501
STONEBRIDGE FLORISSANT			
6768 NORTH HIGHWAY 67		<b>Telephone</b> (314) 741-9101	Alzheimer's Unit No
FLORISSANT	MO 63034-2742	Level of Care: SNF	Bed Capacity 120
Mailing Address 6768 NORTH HWY		County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63034-2742	Region 7 Medicare/Medicaid	Facility Number 14200
STONEBRIDGE HERMANN		T-11 (572) 497 2155	Al-haimanta Tinita Na
1800 WEIN ST HERMANN	MO 65041-1601	Telephone (573) 486-3155 Level of Care: ALF	Alzheimer's Unit No Bed Capacity 18
Mailing Address PO BOX 468	WIO 03041-1001	County GASCONADE	DMH Licensed No
HERMANN	MO 65041-0468	Region 6	Facility Number 02690
		Region 0	2 demiss 1 (damse) 02090
STONEBRIDGE HERMANN			
1800 WEIN ST		<b>Telephone</b> (573) 486-3155	Alzheimer's Unit No
HERMANN	MO 65041-1601	Level of Care: SNF	Bed Capacity 118
Mailing Address PO BOX 468		County GASCONADE	<b>DMH Licensed</b> No
HERMANN	MO 65041-0468	Region 6 Medicare/Medicaid	Facility Number 02690
STONEBRIDGE LAKE OZARK			
872 COLLEGE BLVD		<b>Telephone</b> (573) 302-0900	Alzheimer's Unit No
OSAGE BEACH	MO 65065-8408	Level of Care: ALF**	Bed Capacity 40
Mailing Address 872 COLLEGE BLV	D	County MILLER	DMH Licensed No
OSAGE BEACH	MO 65065-8408	Region 6	Facility Number 20926

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STONEBRIDGE LAKE OZARK				
872 COLLEGE BLVD		<b>Telephone</b> (573) 302-0900	Alzheimer's Unit N	0
OSAGE BEACH MC	0 65065-8408	Level of Care: SNF	Bed Capacity 6	66
Mailing Address 872 COLLEGE BLVD		County MILLER	DMH Licensed N	O
OSAGE BEACH MC	0 65065-8408	Region 6 Medicare/Medicaid	Facility Number 2092	6
STONEBRIDGE MARBLE HILL				
702 HIGHWAY 34 WEST		<b>Telephone</b> (573) 238-2614	Alzheimer's Unit N	ío
	0 63764-4301	Level of Care: SNF		8
Mailing Address 702 HWY 34 WEST	03/04-4301	County BOLLINGER	DMH Licensed N	
8	63764-4301	Region 2 Medicare/Medicaid	Facility Number 1086	
WARDLE HILL	03704-4301	Region 2 Medicare/Medicaid	racinty Number 1000	4
STONEBRIDGE MARYLAND HEIGHTS				
2963 DODDRIDGE AVE		<b>Telephone</b> (314) 291-4557	Alzheimer's Unit N	0
MARYLAND HEIGHTS MC	0 63043-1736	Level of Care: SNF	Bed Capacity 22	.3
Mailing Address 2963 DODDRIDGE AVE		County SAINT LOUIS COUNTY	DMH Licensed N	0
MARYLAND HEIGHTS MC	0 63043-1736	Region 7 Medicare/Medicaid	Facility Number 0085	5
STONEBRIDGE OAK TREE				
3108 WEST TRUMAN BLVD		<b>Telephone</b> (573) 893-3063	Alzheimer's Unit N	О
JEFFERSON CITY MC	0 65109-4918	Level of Care: SNF		12
Mailing Address 3108 WEST TRUMAN BL		County COLE	DMH Licensed N	ol
	0 65109-4918	Region 6 Medicare/Medicaid	Facility Number 1030	0
		Treateur of Frenchia	1000	
STONEBRIDGE OAK TREE				
3108 WEST TRUMAN BLVD		<b>Telephone</b> (573) 893-3063	Alzheimer's Unit N	
	0 65109-4918	Level of Care: ALF		30
Mailing Address 3108 WEST TRUMAN BL		County COLE	DMH Licensed N	
JEFFERSON CITY MC	65109-4918	Region 6	Facility Number 1030	0
STONEBRIDGE OWENSVILLE				
1016 W HIGHWAY 28		<b>Telephone</b> (573) 437-6877	Alzheimer's Unit Ye	es
OWENSVILLE MC	0 65066-1677	Level of Care: SNF	Bed Capacity 13	1
Mailing Address PO BOX 593		County GASCONADE	DMH Licensed N	lo
OWENSVILLE MC	0 65066-0593	Region 6 Medicare/Medicaid	Facility Number 1905	1
STONEDDINGE VILLA MADIE				
STONEBRIDGE VILLA MARIE 1030 EDMONDS ST		Talanhana (572) 625 2201	Alahaimania II!4	20
	C5100 5212	<b>Telephone</b> (573) 635-3381	Alzheimer's Unit Ye	
	0 65109-5213	Level of Care: SNF	Bed Capacity 12	
Mailing Address 1030 EDMONDS ST	. (5100 5212	County COLE		lo
JEFFERSON CITY MC	0 65109-5213	Region 6 Medicare/Medicaid	Facility Number 0828	.2
STONEBRIDGE WESTPHALIA				
1899 HIGHWAY 63		<b>Telephone</b> (573) 455-2280	Alzheimer's Unit N	O
WESTPHALIA MC	0 65085-2215	Level of Care: SNF	Bed Capacity 6	54
Mailing Address 1899 HWY 63		County OSAGE	DMH Licensed N	O
WESTPHALIA MC	0 65085-2215	Region 6 Medicare/Medicaid	Facility Number 1865	3

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STONEBRIDGE WESTPHALIA				
1899 HIGHWAY 63		<b>Telephone</b> (573) 455-2280	Alzheimer's Unit N	
WESTPHALIA	MO 65085-2215	Level of Care: ALF**		28
Mailing Address 1899 HWY 63	MO (5005 2015	County OSAGE	DMH Licensed N	
WESTPHALIA	MO 65085-2215	Region 6	Facility Number 1865	3
STONECREST HEALTHCARE				
2 HIGHWAY Y		<b>Telephone</b> (573) 244-3171	Alzheimer's Unit N	ío
VIBURNUM	MO 65566-0707	Level of Care: SNF		50
Mailing Address PO BOX 707	1120 00000 0707	County IRON	DMH Licensed N	
VIBURNUM	MO 65566-0707	Region 2 Medicare/Medicaid	Facility Number 1668	
STOVER'S RESIDENTIAL CARE FA	ACILITY			
520 EAST 5TH ST	1.50	<b>Telephone</b> (660) 265-2079	Alzheimer's Unit N	
MILAN	MO 63556-1222	Level of Care: RCF		20
Mailing Address 520 EAST 5TH ST	MO (255) 1222	County SULLIVAN	DMH Licensed Ye	
MILAN	MO 63556-1222	Region 5	Facility Number 0770	.9
STRAFFORD CARE CENTER				
505 WEST EVERGREEN		<b>Telephone</b> (417) 736-9332	Alzheimer's Unit Ye	es
STRAFFORD	MO 65757-8625	Level of Care: SNF	Bed Capacity 7	8
Mailing Address 505 WEST EVERGR	EEN	County GREENE	DMH Licensed N	o
STRAFFORD	MO 65757-8625	Region 1 Medicare/Medicaid	Facility Number 2128	5
STUART HOUSE, LLC THE				
117 S HICKMAN		<b>Telephone</b> (573) 682-3204	Alzheimer's Unit N	
CENTRALIA	MO 65240-1316	Level of Care: ICF		.7
Mailing Address 117 S HICKMAN	MO (5240 1216	County BOONE	DMH Licensed N	
CENTRALIA	MO 65240-1316	Region 6	Facility Number 1014	6
STURGEON RESIDENTIAL CARE				
315 E STONE ST		<b>Telephone</b> (573) 687-3012	Alzheimer's Unit N	O
STURGEON	MO 65284-8907	Level of Care: RCF	Bed Capacity 2	20
Mailing Address PO BOX 328		County BOONE	DMH Licensed N	o
STURGEON	MO 65284-0328	Region 6	Facility Number 0773	3
SUGAR CREEK - ASSISTED LIVIN	G RV AMERICARE			
161 PROFESSIONAL PARKWAY	o D I millimente	<b>Telephone</b> (636) 528-3136	Alzheimer's Unit Ye	es
TROY	MO 63379-2829	Level of Care: ALF**		50
Mailing Address 161 PROFESSIONAL		County LINCOLN	DMH Licensed N	
TROY	MO 63379-2829	Region 5	Facility Number 2634	
- <del>-</del>		<del>g.v</del> -	2004	
SUMMIT, THE				
3660 SUMMIT		<b>Telephone</b> (816) 931-1196	Alzheimer's Unit N	
KANSAS CITY	MO 64111-4632	Level of Care: SNF		54
Mailing Address 3660 SUMMIT	MO (4111 4622	County JACKSON	DMH Licensed N	
KANSAS CITY	MO 64111-4632	Region 3 Medicare/Medicaid	Facility Number 1833	0

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	D I IVING DV AMEDICADE				
SUMMITVIEW TERRACE ASSISTED	D LIVING BY AMERICARE	T-1	(016) 762 6667	A 1-1: T 1:4	NI-
12101 EAST BANNISTER RD	MO (4120 4012	Telephone	(816) 763-6667	Alzheimer's Unit	No 52
KANSAS CITY	MO 64138-4913	Level of Care:	ALF**	Bed Capacity	52
Mailing Address 12101 EAST BANNIS			CKSON	DMH Licensed	No
KANSAS CITY	MO 64138-4913	Region 3		Facility Number	16311
SUNNY HILLS RESIDENTIAL CARI	E FACILITY				
17562 IMPERIAL RD		Telephone	(417) 358-6122	Alzheimer's Unit	No
CARTHAGE	MO 64836-8753	Level of Care:	RCF	Bed Capacity	18
Mailing Address 17562 IMPERIAL RD		County JAS	SPER	DMH Licensed	No
CARTHAGE	MO 64836-8753	Region 1		Facility Number	13351
SUNNY MEADOWS LIVING CENTE	D				
419 NORTH PROSPECT AVE	N.	Telephone	(660) 826-5353	Alzheimer's Unit	No
SEDALIA	MO 65301-2729	Level of Care:	RCF	Bed Capacity	12
Mailing Address 419 N PROSPECT AV			TTIS	DMH Licensed	Yes
SEDALIA	MO 65301-2729	•	1113		
SEDALIA	MO 05301-2729	Region 6		Facility Number	06527
SUNNYHILL INDEPENDENCE CEN	TER				
3343 ARMBRUSTER ROAD		Telephone	(636) 586-2188	Alzheimer's Unit	No
DE SOTO	MO 63020-4506	Level of Care:	ALF**	<b>Bed Capacity</b>	32
Mailing Address 3343 ARMBRUSTER	RD	County JEF	FFERSON	DMH Licensed	Yes
DE SOTO	MO 63020-4506	Region 2		Facility Number	29674
SUNNYVIEW NURSING HOME & A	PARTMENTS				
1311 EAST 28TH ST		Telephone	(660) 359-5647	Alzheimer's Unit	No
TRENTON	MO 64683-1103	Level of Care:	SNF	Bed Capacity	154
Mailing Address 1311 EAST 28TH ST	110 01000 1100		UNDY	DMH Licensed	No
TRENTON	MO 64683-1103	•	Medicare/Medicaid	Facility Number	18509
	DA DEN CENTES				
SUNNYVIEW NURSING HOME & A	PARTMENTS	m., .	(660) 250 5645		
1311 EAST 28TH ST		Telephone	(660) 359-5647	Alzheimer's Unit	No
TRENTON	MO 64683-1103	Level of Care:	RCF*	Bed Capacity	38
Mailing Address 1311 EAST 28TH ST		•	UNDY	DMH Licensed	No
TRENTON	MO 64683-1103	Region 4		Facility Number	18509
SUNRISE NURSING & MEMORY CA	ARE				
600 EAST SUNRISE DR		Telephone	(816) 322-1991	Alzheimer's Unit	Yes
RAYMORE	MO 64083-9037	Level of Care:	SNF	<b>Bed Capacity</b>	152
Mailing Address 600 EAST SUNRISE I	OR	County CA	SS	DMH Licensed	No
RAYMORE	MO 64083-9037	Region 3	Medicare/Medicaid	Facility Number	16170
SUNRISE OF CHESTERFIELD					
1880 CLARKSON RD		Telephone	(636) 536-3800	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-5000	Level of Care:	ICF	Bed Capacity	95
Mailing Address 1880 CLARKSON RD			INT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5000	•	IIII LOUIS COUNTT	Facility Number	23767
CHEDIEM IEED	110 03017-3000	Region 7		racinty Muniber	43/0/

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SUNRISE OF CHESTERFIELD				
1880 CLARKSON RD		<b>Telephone</b> (636) 536-3800	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-5000	Level of Care: ALF**	Bed Capacity	3
Mailing Address 1880 CLARKSON RD	1	County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD	MO 63017-5000	Region 7	Facility Number 233	767
SUNRISE OF DES PERES				
13460 MANCHESTER RD		<b>Telephone</b> (314) 965-3800	Alzheimer's Unit	Yes
DES PERES	MO 63131-1734	Level of Care: ICF	Bed Capacity	102
Mailing Address 13460 MANCHESTER	R RD	County SAINT LOUIS COUNTY	- ·	No
DES PERES	MO 63131-1734	Region 7	Facility Number 242	242
			•	
SUNRISE OF WEBSTER GROVES				
45 EAST LOCKWOOD		<b>Telephone</b> (314) 918-7300	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63119-3050	Level of Care: ALF**	Bed Capacity	90
Mailing Address 45 EAST LOCKWOO!		County SAINT LOUIS COUNTY		No
SAINT LOUIS	MO 63119-3050	Region 7		242
Sim (1 Books	110 03117 3030	Region /	202	572
SUNSET HEALTH CARE CENTER				
400 WEST PARK AVE		<b>Telephone</b> (636) 583-2252	Alzheimer's Unit	No
UNION	MO 63084-1140	Level of Care: SNF		120
Mailing Address 400 WEST PARK AVI		County FRANKLIN		No
UNION	MO 63084-1140	Region 6 Medicare/Medicaid		831
Civiory	NIO 03004-1140	Region 0 Medicare/Medicald	racinty Number 078	331
SUNSET HOME				
1201 SOUTH POLK		<b>Telephone</b> (816) 449-2158	Alzheimer's Unit	No
MAYSVILLE	MO 64469-4028	Level of Care: SNF	Bed Capacity	60
Mailing Address 1201 S POLK	110 0440) 4020	County DEKALB		No
MAYSVILLE	MO 64469-4028	Region 4 Medicare/Medicaid		798
WATSVILLE	WIO 04409-4028	Region + Medicare/Medicaid	racinty Number 07.	198
SUNSHINE VILLA				
2520 JAMES ST		<b>Telephone</b> (573) 264-2424	Alzheimer's Unit	No
SCOTT CITY	MO 63780-1219	Level of Care: ALF	Bed Capacity	26
Mailing Address 2520 JAMES ST	WO 03780-1219	County SCOTT	• •	Yes
SCOTT CITY	MO 63780-1219	Region 2		039
SCOTT CITT	WIO 03/80-1219	Region 2	racinty Number 070	J39
SUNTERRA SPRINGS DARDENNE P	PRAIRIE			
7275 STATE HIGHWAY N	MIMIE	<b>Telephone</b> (636) 865-0200	Alzheimer's Unit	No
DARDENNE PRAIRIE	MO 63368-7128	Level of Care: SNF	Bed Capacity	38
Mailing Address 7275 STATE HIGHWA		County SAINT CHARLES		No
DARDENNE PRAIRIE	MO 63368-7128	·		331
DANDENNE I KAIRIE	171O UJJU0-/120	Region 5 Medicare	racinty number 323	101
SUNTERRA SPRINGS INDEPENDEN	NCE			
19200 E 37TH TERRACE S		<b>Telephone</b> (816) 335-3008	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-8324	Level of Care: SNF	Bed Capacity	38
Mailing Address 19200 E 37TH TERRA		County JACKSON		No
			Z. III Licenseu	

Medicare

**Facility Number** 

30894

MO 64057-8324

INDEPENDENCE

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SUNTERRA SPRINGS SPRINGFIELD				
4935 S NATIONAL AVE		<b>Telephone</b> (417) 720-8050	Alzheimer's Unit	No
SPRINGFIELD M	IO 65810-2989	Level of Care: SNF	Bed Capacity	38
Mailing Address 4935 S NATIONAL AVE		County GREENE	DMH Licensed	No
SPRINGFIELD M	IO 65810-2989	Region 1 Medicare	Facility Number	31273
SUPERIOR MANOR OF DOWNTOWN,	LLC			
1501 CLINTON STREET		<b>Telephone</b> (314) 921-2625	Alzheimer's Unit	No
SAINT LOUIS M	IO 63106-4100	Level of Care: RCF	Bed Capacity	40
Mailing Address 1501 CLINTON STREET	,	County SAINT LOUIS CITY	DMH Licensed	No
_	IO 63106-4100	Region 7	Facility Number	30136
			·	
CUDEDIOD MANOD OF FESTUR 11 C				
SUPERIOR MANOR OF FESTUS, LLC 12827 HIGHWAY TT		<b>Telephone</b> (636) 352-1000	Alzheimer's Unit	No
	IO 63028-4351	Level of Care: SNF	Bed Capacity	55
	03028-4331		DMH Licensed	
Mailing Address 12827 HWY TT FESTUS M	10 (2029 4251	·		No
resius iv	IO 63028-4351	Region 2 Medicare/Medicaid	Facility Number	06820
SURREY PLACE ST LUKE'S HOSPITA	L SKILLED NURSING	T		NO
14701 OLIVE BLVD		<b>Telephone</b> (314) 542-3300	Alzheimer's Unit	NO
	IO 63017-2221	Level of Care: SNF	Bed Capacity	130
Mailing Address 14701 OLIVE BLVD		County SAINT LOUIS COUNTY	DMH Licensed	No
CHESTERFIELD M.	IO 63017-2221	Region 7 Medicare/Medicaid	Facility Number	15467
SWIFT CREEK RESIDENTIAL CARE (				
	ENIER			
1673 HIGHWAY 53		<b>Telephone</b> (573) 776-6051	Alzheimer's Unit	No
1673 HIGHWAY 53 POPLAR BLUFF M	IO 63901-4132	Level of Care: RCF*	Bed Capacity	No 12
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53	IO 63901-4132	• '	Bed Capacity DMH Licensed	
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53		Level of Care: RCF*	Bed Capacity	12
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF M	IO 63901-4132	Level of Care: RCF* County BUTLER	Bed Capacity DMH Licensed	12 Yes
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF M SWITZER RESIDENTIAL CARE	IO 63901-4132	Level of Care: RCF* County BUTLER Region 2	Bed Capacity DMH Licensed Facility Number	12 Yes 20386
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF M SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE	IO 63901-4132 IO 63901-4132	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	12 Yes 20386
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF  M	IO 63901-4132	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	12 Yes 20386 No 20
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE	IO 63901-4132 IO 63901-4132 IO 63901-3067	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 Yes 20386 No 20 Yes
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE	IO 63901-4132 IO 63901-4132	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	12 Yes 20386 No 20
POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF Moreover Mailing Address Mystic Lane Mystic Lane Mystic Lane	IO 63901-4132 IO 63901-4132 IO 63901-3067	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 Yes 20386 No 20 Yes
POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF MSILVER MORE SYLVAN HOUSE	IO 63901-4132 IO 63901-4132 IO 63901-3067	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 Yes 20386 No 20 Yes 20739
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  MSYLVAN HOUSE 30 SHERMAN RD	IO 63901-4132 IO 63901-4132 IO 63901-3067 IO 63901-3067	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2  Telephone (314) 892-2212	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 Yes 20386 No 20 Yes 20739
POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  MSYLVAN HOUSE 30 SHERMAN RD SAINT LOUIS  MAILING ADDRESS MAIL	IO 63901-4132 IO 63901-4132 IO 63901-3067	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2  Telephone (314) 892-2212 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	12 Yes 20386 No 20 Yes 20739
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  SYLVAN HOUSE 30 SHERMAN RD SAINT LOUIS Mailing Address 30 SHERMAN RD	IO 63901-4132 IO 63901-4132 IO 63901-3067 IO 63901-3067	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2  Telephone (314) 892-2212 Level of Care: RCF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 Yes 20386 No 20 Yes 20739
1673 HIGHWAY 53 POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  SYLVAN HOUSE 30 SHERMAN RD SAINT LOUIS Mailing Address 30 SHERMAN RD	IO 63901-4132 IO 63901-4132 IO 63901-3067 IO 63901-3067	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2  Telephone (314) 892-2212 Level of Care: RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	12 Yes 20386 No 20 Yes 20739
POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  SYLVAN HOUSE 30 SHERMAN RD SAINT LOUIS Mailing Address 30 SHERMAN RD SAINT LOUIS MAINT LOUIS MAIN	IO 63901-4132 IO 63901-4132 IO 63901-3067 IO 63901-3067 IO 63125-4125 IO 63125-4125	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2  Telephone (314) 892-2212 Level of Care: RCF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	12 Yes 20386 No 20 Yes 20739
POPLAR BLUFF  Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF  Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  SYLVAN HOUSE 30 SHERMAN RD SAINT LOUIS  Mailing Address 30 SHERMAN RD SAINT LOUIS  Mailing Address 30 SHERMAN RD SAINT LOUIS  MSSYLVIA G THOMPSON RESIDENCE CO	IO 63901-4132 IO 63901-4132 IO 63901-3067 IO 63901-3067 IO 63125-4125 IO 63125-4125	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2  Telephone (314) 892-2212 Level of Care: RCF County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 Yes 20386 No 20 Yes 20739 No 40 Yes 15078
POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  SYLVAN HOUSE 30 SHERMAN RD SAINT LOUIS Mailing Address 30 SHERMAN RD SAINT LOUIS	IO 63901-4132 IO 63901-4132 IO 63901-3067 IO 63901-3067 IO 63125-4125 IO 63125-4125 EENTER, INC	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2  Telephone (314) 892-2212 Level of Care: RCF County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 Yes 20386 No 20 Yes 20739 No 40 Yes 15078
POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  SYLVAN HOUSE 30 SHERMAN RD SAINT LOUIS Mailing Address 30 SHERMAN RD SAINT LOUIS MSYLVIA G THOMPSON RESIDENCE CO 33333 WEST TENTH ST SEDALIA	IO 63901-4132 IO 63901-4132 IO 63901-3067 IO 63901-3067 IO 63125-4125 IO 63125-4125	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2  Telephone (314) 892-2212 Level of Care: RCF County SAINT LOUIS COUNTY Region 7  Telephone (660) 826-2118 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 Yes 20386 No 20 Yes 20739 No 40 Yes 15078
POPLAR BLUFF Mailing Address 1673 HIGHWAY 53 POPLAR BLUFF  SWITZER RESIDENTIAL CARE 3260 MYSTIC LANE POPLAR BLUFF Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  Mailing Address 3260 MYSTIC LANE POPLAR BLUFF  SYLVAN HOUSE 30 SHERMAN RD SAINT LOUIS Mailing Address 30 SHERMAN RD SAINT LOUIS  Mailing Address 30 SHERMAN RD SAINT LOUIS  Mailing Address 30 SHERMAN RD SAINT LOUIS  Mailing Address 30 SHERMAN RD SAINT LOUIS  Mailing Address 30 SHERMAN RD SAINT LOUIS  Mailing Address 30 SHERMAN RD SAINT LOUIS	IO 63901-4132 IO 63901-4132 IO 63901-3067 IO 63901-3067 IO 63125-4125 IO 63125-4125 EENTER, INC	Level of Care: RCF* County BUTLER Region 2  Telephone (573) 785-9399 Level of Care: RCF* County BUTLER Region 2  Telephone (314) 892-2212 Level of Care: RCF County SAINT LOUIS COUNTY Region 7	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	12 Yes 20386 No 20 Yes 20739 No 40 Yes 15078

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<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

TEAL LAKE - ASSISTED LIVING	BY AMERICARE			
1722 HUNTINGFIELD DR		<b>Telephone</b> (573) 582-7800	Alzheimer's Unit	No
MEXICO	MO 65265-3808	Level of Care: ALF**	Bed Capacity	42
Mailing Address 1722 HUNTINGFIE	LD DR	County AUDRAIN	DMH Licensed	No
MEXICO	MO 65265-3808	Region 5	Facility Number	23534
TESSLAND RESIDENTIAL CARE	FACILITY LLC	(550) 257 1201		
24583 HIGHWAY 5		<b>Telephone</b> (660) 265-4391	Alzheimer's Unit	No
MILAN	MO 63556-2809	Level of Care: RCF	Bed Capacity	9
Mailing Address 24583 HWY 5		County SULLIVAN	DMH Licensed	Yes
MILAN	MO 63556-2809	Region 5	Facility Number	19990
THOMAS RESIDENTIAL CARE FA	ACILITY 3			
1415 OLIVE ST		<b>Telephone</b> (816) 273-5070	Alzheimer's Unit	No
SAINT JOSEPH	MO 64503-2443	Level of Care: RCF	Bed Capacity	20
Mailing Address 1415 OLIVE ST	MO 04303-2443		DMH Licensed	Yes
	MO (4502 0442	•		
SAINT JOSEPH	MO 64503-2443	Region 4	Facility Number	06076
TIFFANY HEIGHTS				
1531 NEBRASKA ST		<b>Telephone</b> (660) 442-3146	Alzheimer's Unit	No
MOUND CITY	MO 64470-1610	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 308		County HOLT	DMH Licensed	No
MOUND CITY	MO 64470-0308	Region 4 Medicare/Medicaid	Facility Number	07998
	1120 01170 0000	Region . Medicare/Medicard	Tuesney Tuesney	01770
TIFFANY SPRINGS REHABILITA	ΓΙΟΝ & HEALTH CARE CENTER			
9191 N AMBASSADOR DR		<b>Telephone</b> (816) 741-5570	Alzheimer's Unit	No
KANSAS CITY	MO 64154-7247	Level of Care: SNF	Bed Capacity	120
Mailing Address 9191 N AMBASSAI				
	OOR DR	County PLATTE	DMH Licensed	No
KANSAS CITY	OOR DR MO 64154-7247	County PLATTE  Region 4 Medicare/Medicaid	DMH Licensed Facility Number	No 30748
KANSAS CITY	MO 64154-7247	·		
KANSAS CITY  TIFFANY SPRINGS SENIOR CARI	MO 64154-7247	Region 4 Medicare/Medicaid	Facility Number	30748
KANSAS CITY  TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE	MO 64154-7247 E COMMUNITY	Region 4 Medicare/Medicaid  Telephone 816-621-3810	Facility Number  Alzheimer's Unit	30748 Yes
KANSAS CITY  TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY	MO 64154-7247 E COMMUNITY  MO 64154-7295	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF**	Facility Number  Alzheimer's Unit Bed Capacity	30748 Yes 89
KANSAS CITY  TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY  Mailing Address 9101 N AMBASSAI	MO 64154-7247 E COMMUNITY  MO 64154-7295 DOR DRIVE	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30748 Yes 89 No
KANSAS CITY  TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY	MO 64154-7247 E COMMUNITY  MO 64154-7295	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF**	Facility Number  Alzheimer's Unit Bed Capacity	30748 Yes 89
KANSAS CITY  TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY  Mailing Address 9101 N AMBASSAI	MO 64154-7247 E COMMUNITY  MO 64154-7295 DOR DRIVE	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30748 Yes 89 No
KANSAS CITY  TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY  Mailing Address 9101 N AMBASSAI KANSAS CITY	MO 64154-7247 E COMMUNITY  MO 64154-7295 DOR DRIVE	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30748 Yes 89 No
KANSAS CITY  TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY  Mailing Address 9101 N AMBASSAI KANSAS CITY  TIGER PLACE	MO 64154-7247 E COMMUNITY  MO 64154-7295 DOR DRIVE	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE Region 4	Facility Number  Alzheimer's Unit  Bed Capacity  DMH Licensed  Facility Number	30748 Yes 89 No 30748
KANSAS CITY  TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY Mailing Address 9101 N AMBASSAI KANSAS CITY  TIGER PLACE 2910 BLUFF CREEK DR	MO 64154-7247  E COMMUNITY  MO 64154-7295  DOR DRIVE  MO 64154-7295  MO 65201-3522	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE Region 4  Telephone (573) 256-4620	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30748 Yes 89 No 30748
TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY Mailing Address 9101 N AMBASSAI KANSAS CITY  TIGER PLACE 2910 BLUFF CREEK DR COLUMBIA	MO 64154-7247  E COMMUNITY  MO 64154-7295  DOR DRIVE  MO 64154-7295  MO 65201-3522	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE Region 4  Telephone (573) 256-4620 Level of Care: ICF	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	30748  Yes 89 No 30748
TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY Mailing Address 9101 N AMBASSAI KANSAS CITY  TIGER PLACE 2910 BLUFF CREEK DR COLUMBIA Mailing Address 2910 BLUFF CREE COLUMBIA	MO 64154-7247  E COMMUNITY  MO 64154-7295  DOR DRIVE  MO 64154-7295  MO 65201-3522  K DR  MO 65201-3522	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE Region 4  Telephone (573) 256-4620 Level of Care: ICF County BOONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	30748  Yes 89 No 30748  No 112 No
TIFFANY SPRINGS SENIOR CARD 9101 N AMBASSADOR DRIVE KANSAS CITY Mailing Address 9101 N AMBASSAD KANSAS CITY  TIGER PLACE 2910 BLUFF CREEK DR COLUMBIA Mailing Address 2910 BLUFF CREE COLUMBIA TIMBERS ASSISTED LIVING, THE	MO 64154-7247  E COMMUNITY  MO 64154-7295  DOR DRIVE  MO 64154-7295  MO 65201-3522  K DR  MO 65201-3522	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE Region 4  Telephone (573) 256-4620 Level of Care: ICF County BOONE Region 6	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 89 No 30748 No 112 No 24341
TIFFANY SPRINGS SENIOR CARD 9101 N AMBASSADOR DRIVE KANSAS CITY Mailing Address 9101 N AMBASSAD KANSAS CITY  TIGER PLACE 2910 BLUFF CREEK DR COLUMBIA Mailing Address 2910 BLUFF CREE COLUMBIA TIMBERS ASSISTED LIVING, THE 239 KAREN DRIVE	MO 64154-7247  E COMMUNITY  MO 64154-7295  DOR DRIVE  MO 64154-7295  MO 65201-3522  K DR  MO 65201-3522	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE Region 4  Telephone (573) 256-4620 Level of Care: ICF County BOONE Region 6  Telephone (573) 415-0390	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30748  Yes 89 No 30748  No 112 No 24341
TIFFANY SPRINGS SENIOR CARI 9101 N AMBASSADOR DRIVE KANSAS CITY Mailing Address 9101 N AMBASSAI KANSAS CITY  TIGER PLACE 2910 BLUFF CREEK DR COLUMBIA Mailing Address 2910 BLUFF CREE COLUMBIA TIMBERS ASSISTED LIVING, THE 239 KAREN DRIVE HOLTS SUMMIT	MO 64154-7247  E COMMUNITY  MO 64154-7295  DOR DRIVE  MO 64154-7295  MO 65201-3522  K DR  MO 65201-3522	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE Region 4  Telephone (573) 256-4620 Level of Care: ICF County BOONE Region 6  Telephone (573) 415-0390 Level of Care: ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30748  Yes 89 No 30748  No 112 No 24341  Yes 100
TIFFANY SPRINGS SENIOR CARD 9101 N AMBASSADOR DRIVE KANSAS CITY Mailing Address 9101 N AMBASSAD KANSAS CITY  TIGER PLACE 2910 BLUFF CREEK DR COLUMBIA Mailing Address 2910 BLUFF CREE COLUMBIA TIMBERS ASSISTED LIVING, THE 239 KAREN DRIVE	MO 64154-7247  E COMMUNITY  MO 64154-7295  DOR DRIVE  MO 64154-7295  MO 65201-3522  K DR  MO 65201-3522	Region 4 Medicare/Medicaid  Telephone 816-621-3810 Level of Care: ALF** County PLATTE Region 4  Telephone (573) 256-4620 Level of Care: ICF County BOONE Region 6  Telephone (573) 415-0390	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	30748  Yes 89 No 30748  No 112 No 24341

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<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

TIPTON OAK MANOR			
601 WEST MORGAN ST	<b>Telephone</b> (660) 433-5574	Alzheimer's Unit	Yes
TIPTON MO 65081-8214	Level of Care: SNF	<b>Bed Capacity</b>	66
Mailing Address 601 WEST MORGAN ST	County MONITEAU	DMH Licensed	No
TIPTON MO 65081-8214	Region 6 Medicare/Medicaid	Facility Number	08036
		·	
TOWNSHIP SENIOR LIVING, THE			
4150 WEST REPUBLIC ROAD	<b>Telephone</b> (417) 881-7800	Alzheimer's Unit	Yes
BATTLEFIELD MO 65619-7111	Level of Care: ALF**		66
		Bed Capacity	
Mailing Address 4150 WEST REPUBLIC ROAD	County GREENE	DMH Licensed	No
BATTLEFIELD MO 65619-7111	Region 1	Facility Number	31903
TROUMANOR			
TROY MANOR 200 THOMPSON DR	<b>Telephone</b> (636) 528-8446	Alzheimer's Unit	Yes
TROY MO 63379-2308	Level of Care: SNF	Bed Capacity	130
Mailing Address 200 THOMPSON DR	County LINCOLN	DMH Licensed	No
9			
TROY MO 63379-2308	Region 5 Medicare/Medicaid	Facility Number	05397
TROY MANOR			
200 THOMPSON DR	<b>Telephone</b> (636) 528-8446	Alzheimer's Unit	No
TROY MO 63379-2308			20
		Bed Capacity	
Mailing Address 200 THOMPSON DR	County LINCOLN	DMH Licensed	No
TROY MO 63379-2308	Region 5	Facility Number	05397
TRUMAN HEALTHCARE & REHARD ITATION CENTER			
TRUMAN HEALTHCARE & REHABILITATION CENTER 206 WEST SIRST ST	Tolophone (417) 682-5718	Alzheimer's Unit	Vec
206 WEST FIRST ST	Telephone (417) 682-5718	Alzheimer's Unit	Yes
206 WEST FIRST ST LAMAR MO 64759-1291	Level of Care: SNF	<b>Bed Capacity</b>	123
206 WEST FIRST ST LAMAR MO 64759-1291 Mailing Address 206 WEST FIRST ST	Level of Care: SNF County BARTON	Bed Capacity DMH Licensed	123 No
206 WEST FIRST ST LAMAR MO 64759-1291	Level of Care: SNF	<b>Bed Capacity</b>	123
206 WEST FIRST ST LAMAR MO 64759-1291  Mailing Address 206 WEST FIRST ST LAMAR MO 64759-1291	Level of Care: SNF County BARTON	Bed Capacity DMH Licensed	123 No
206 WEST FIRST ST  LAMAR MO 64759-1291  Mailing Address 206 WEST FIRST ST  LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	123 No 01346
206 WEST FIRST ST LAMAR MO 64759-1291 Mailing Address 206 WEST FIRST ST LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC 600 EAST 7TH ST	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	123 No 01346 YES
206 WEST FIRST ST LAMAR MO 64759-1291 Mailing Address 206 WEST FIRST ST LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC 600 EAST 7TH ST LOWRY CITY MO 64763-9671	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	123 No 01346 YES 120
206 WEST FIRST ST LAMAR MO 64759-1291  Mailing Address 206 WEST FIRST ST LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC 600 EAST 7TH ST LOWRY CITY MO 64763-9671  Mailing Address PO BOX 415	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	123 No 01346 YES 120 No
206 WEST FIRST ST LAMAR MO 64759-1291 Mailing Address 206 WEST FIRST ST LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC 600 EAST 7TH ST LOWRY CITY MO 64763-9671	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	123 No 01346 YES 120
206 WEST FIRST ST LAMAR MO 64759-1291  Mailing Address 206 WEST FIRST ST LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC 600 EAST 7TH ST LOWRY CITY MO 64763-9671  Mailing Address PO BOX 415 LOWRY CITY MO 64763-0415	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	123 No 01346 YES 120 No
206 WEST FIRST ST LAMAR MO 64759-1291  Mailing Address 206 WEST FIRST ST LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC 600 EAST 7TH ST LOWRY CITY MO 64763-9671  Mailing Address PO BOX 415 LOWRY CITY MO 64763-0415  TRUSTWELL LIVING OF RAYTOWN	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	123 No 01346 YES 120 No 08140
206 WEST FIRST ST LAMAR MO 64759-1291  Mailing Address 206 WEST FIRST ST LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC 600 EAST 7TH ST LOWRY CITY MO 64763-9671  Mailing Address PO BOX 415 LOWRY CITY MO 64763-0415  TRUSTWELL LIVING OF RAYTOWN 9110 EAST 63RD ST	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid  Telephone (816) 353-3400	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	123 No 01346 YES 120 No 08140
206 WEST FIRST ST  LAMAR MO 64759-1291  Mailing Address 206 WEST FIRST ST  LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC 600 EAST 7TH ST  LOWRY CITY MO 64763-9671  Mailing Address PO BOX 415  LOWRY CITY MO 64763-0415  TRUSTWELL LIVING OF RAYTOWN 9110 EAST 63RD ST  RAYTOWN MO 64133-4893	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid  Telephone (816) 353-3400 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	123 No 01346 YES 120 No 08140
206 WEST FIRST ST  LAMAR	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid  Telephone (816) 353-3400 Level of Care: ALF** County JACKSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	123 No 01346 YES 120 No 08140
206 WEST FIRST ST  LAMAR MO 64759-1291  Mailing Address 206 WEST FIRST ST  LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC 600 EAST 7TH ST  LOWRY CITY MO 64763-9671  Mailing Address PO BOX 415  LOWRY CITY MO 64763-0415  TRUSTWELL LIVING OF RAYTOWN 9110 EAST 63RD ST  RAYTOWN MO 64133-4893	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid  Telephone (816) 353-3400 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	123 No 01346 YES 120 No 08140
206 WEST FIRST ST  LAMAR MO 64759-1291  Mailing Address 206 WEST FIRST ST  LAMAR MO 64759-1291  TRUMAN LAKE MANOR, INC  600 EAST 7TH ST  LOWRY CITY MO 64763-9671  Mailing Address PO BOX 415  LOWRY CITY MO 64763-0415  TRUSTWELL LIVING OF RAYTOWN  9110 EAST 63RD ST  RAYTOWN MO 64133-4893  Mailing Address 9110 EAST 63RD ST  RAYTOWN MO 64133-4893	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid  Telephone (816) 353-3400 Level of Care: ALF** County JACKSON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	123 No 01346 YES 120 No 08140
206 WEST FIRST ST  LAMAR	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid  Telephone (816) 353-3400 Level of Care: ALF** County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	123 No 01346 YES 120 No 08140 No 76 No 24227
206 WEST FIRST ST  LAMAR	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid  Telephone (816) 353-3400 Level of Care: ALF** County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	123 No 01346 YES 120 No 08140 No 76 No 24227
206 WEST FIRST ST  LAMAR	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid  Telephone (816) 353-3400 Level of Care: ALF** County JACKSON Region 3  Telephone (417) 459-4070 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	123 No 01346 YES 120 No 08140 No 76 No 24227
206 WEST FIRST ST  LAMAR	Level of Care: SNF County BARTON Region 1 Medicare/Medicaid  Telephone (417) 644-2248 Level of Care: SNF County SAINT CLAIR Region 1 Medicare/Medicaid  Telephone (816) 353-3400 Level of Care: ALF** County JACKSON Region 3	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	123 No 01346 YES 120 No 08140 No 76 No 24227

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TWIN OAKS AT HERITAGE POINT	TE .			
228 SAVANNAH TERRACE		<b>Telephone</b> (636) 542-5200	Alzheimer's Unit	l'es
WENTZVILLE	MO 63385-3741	Level of Care: ALF**	Bed Capacity	70
Mailing Address 228 SAVANNAH TE	RRACE	County SAINT CHARLES	DMH Licensed	No
WENTZVILLE	MO 63385-3741	Region 5	Facility Number 268	377
TWIN OAKS ESTATE, INC				
707 EMGE RD		<b>Telephone</b> (636) 542-5200	Alzheimer's Unit	No
O'FALLON	MO 63366-2118	Level of Care: RCF*	Bed Capacity 1	49
Mailing Address 707 EMGE RD	NIO 03300 2110	County SAINT CHARLES	= :	No
O'FALLON	MO 63366-2118	·		
OFALLON	MO 03300-2118	Region 5	Facility Number 082	209
TWIN PINES ADULT CARE CENTE	מי			
1900 S JAMISON		<b>Telephone</b> (660) 665-2887	Alzheimer's Unit	O
KIRKSVILLE	MO 63501-5302	Level of Care: SNF		20
	MO 05301-5302			
Mailing Address 1900 S JAMISON	160 (2501 5202	County ADAIR		No
KIRKSVILLE	MO 63501-5302	Region 5 Medicare/Medicaid	Facility Number 082	218
U-CITY FOREST MANOR				
1301 PARTRIDGE AVE		<b>Telephone</b> (314) 862-5556	Alzhaiman'a Unit	No
	MO (2120 1044			
SAINT LOUIS	MO 63130-1944	Level of Care: SNF		20
Mailing Address 1301 PARTRIDGE A		County SAINT LOUIS COUNTY		No
SAINT LOUIS	MO 63130-1944	Region 7 Medicare/Medicaid	Facility Number 154	154
UNION MANOR, LLC				
2711 NORTH UNION BLVD		<b>Telephone</b> (314) 383-7310	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-1003	Level of Care: RCF*		50
				es .
Mailing Address 2711 NORTH UNION		County SAINT LOUIS CITY		
SAINT LOUIS	MO 63113-1003	Region 7	Facility Number 110	002
UNION NURSING				
1080 MARIE LANE		<b>Telephone</b> (636) 206-8585	Alzheimer's Unit	No
UNION	MO 63084-1056	Level of Care: SNF	Bed Capacity	60
Mailing Address 1080 MARIE LANE		County FRANKLIN		No
UNION	MO 63084-1056	Region 6 Medicare/Medicaid	Facility Number 314	
ONION	WO 03004-1030	Region 6 Medical e/Medicald	racinty Number 514	.70
URBANA GROUP HOME				
310 WALNUT ST		<b>Telephone</b> (800) 993-5141	Alzheimer's Unit	No
URBANA	MO 65767-9208	Level of Care: RCF		20
Mailing Address 310 WALNUT ST		County DALLAS		Zes
URBANA	MO 65767-9208	Region 1	Facility Number 082	
UNDAIVA	03/07-7200	Acgiuli 1	Facinity Number 082	<b>.+</b> ∠
VALLEY MANOR AND REHABILIT	TATION CENTER			
1410 HOSPITAL DR		<b>Telephone</b> (816) 637-1010	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024-1168	Level of Care: SNF	Bed Capacity 1	20
Mailing Address 1410 HOSPITAL DR		County CLAY		No
EXCELSIOR SPRINGS	MO 64024-1168	Region 4 Medicare/Medicaid	Facility Number 024	

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VALLEY PARK NORTH				
2631 FAIRWAY DR		<b>Telephone</b> (573) 592-4995	Alzheimer's Unit	No
FULTON	MO 65251-3936	Level of Care: RCF	Bed Capacity	19
Mailing Address 2631 FAIRWAY DR		<b>County</b> CALLAWAY	DMH Licensed	No
FULTON	MO 65251-3936	Region 6	Facility Number	29982
VALLEY PARK RETIREMENT CEN	ITER			
355 KAREN DR		<b>Telephone</b> (573) 896-0208	Alzheimer's Unit	No
HOLTS SUMMIT	MO 65043-2519	Level of Care: RCF	<b>Bed Capacity</b>	22
Mailing Address 355 KAREN DR		County CALLAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2519	Region 6	Facility Number	27986
VALLEY PARK WEST				
678 WINDMILL RIDGE		<b>Telephone</b> (573) 796-2520	Alzheimer's Unit	No
CALIFORNIA	MO 65018-1964	Level of Care: RCF	Bed Capacity	34
Mailing Address 678 WINDMILL RIDG	GE	County MONITEAU	DMH Licensed	No
CALIFORNIA	MO 65018-1964	Region 6	Facility Number	30595
VALLEY RESIDENTIAL CARE				
101 SOUTH KNOB ST		<b>Telephone</b> (573) 546-3080	Alzheimer's Unit	No
IRONTON	MO 63650-1501	Level of Care: RCF	Bed Capacity	12
Mailing Address 203 SOUTH WASHIN	IGTON ST	County IRON	DMH Licensed	Yes
FARMINGTON	MO 63640-1836	Region 2	Facility Number	01901
VALLEY VIEW HEALTH & REHAB	SILITATION			
1600 EAST ROLLINS ST		<b>Telephone</b> (660) 263-6887	Alzheimer's Unit	No
MOBERLY	MO 65270-2478	Level of Care: SNF	Bed Capacity	96
Mailing Address 1600 E ROLLINS ST		County RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-2478	Region 5 Medicare/Medicaid	Facility Number	13167
VEDONICA HOUSE				
VERONICA HOUSE 12284 DEPAUL DR		<b>Telephone</b> (314) 209-8814	Alzheimer's Unit	No
BRIDGETON	MO 63044-2508	Telephone (314) 209-8814 Level of Care: ALF**	Bed Capacity	100
	WO 03044-2308		• •	
Mailing Address 12284 DEPAUL DR BRIDGETON	MO 62044 2509	County SAINT LOUIS COUNTY	DMH Licensed Facility Number	No
BRIDGETON	MO 63044-2508	Region 7	Facility Number	22460
VICTORIAN PLACE OF CUBA, RES	SIDENTIAL CARE BY AMERICARE			
901 HIGHWAY DD		<b>Telephone</b> (573) 885-0551	Alzheimer's Unit	No
CUBA	MO 65453-8089	Level of Care: RCF	Bed Capacity	48
Mailing Address 901 HWY DD		County CRAWFORD	DMH Licensed	No
CUBA	MO 65453-8089	Region 6	Facility Number	25463
CODII	00700 0007	Megiuli 0	Tuenny Muniper	2J+0J
VICTORIAN PLACE OF HERMANN	, RESIDENTIAL CARE BY AMERICA	ARE		
2120 VILLAGE LANE	·	<b>Telephone</b> (573) 486-5060	Alzheimer's Unit	No
HERMANN	MO 65041-1600	Level of Care: RCF	Bed Capacity	48
Mailing Address 2120 VILLAGE LANE		County GASCONADE	DMH Licensed	No
	3.50 5.50 14 4.500			

**Facility Number** 

24982

MO 65041-1600

HERMANN

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	LLE, RESIDENTIAL CARE BY AMER				
301 NORTH 7TH ST		Telephone	(573) 437-5396	Alzheimer's Unit	No
OWENSVILLE	MO 65066-1075	Level of Care:	RCF	Bed Capacity	48
Mailing Address 301 NORTH 7TH ST		County GA	SCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-1075	Region 6		Facility Number	24133
VICTORIAN PLACE OF ST CLAIR,	ASSISTED LIVING BY AMERICARE				
160 CHARLES DR		Telephone	(636) 322-0003	Alzheimer's Unit	No
SAINT CLAIR	MO 63077-1936	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 160 CHARLES DR		County FRA	ANKLIN	DMH Licensed	No
SAINT CLAIR	MO 63077-1936	Region 6		Facility Number	26005
2.m., 2.02.m.	1.10 0.00,7 1,500	Region 0		ruemey rumber	20003
VICTORIAN PLACE OF SULLIVAN	, ASSISTED LIVING BY AMERICAR	E			
1250 EAST SPRINGFIELD RD		Telephone	(573) 468-5217	Alzheimer's Unit	No
SULLIVAN	MO 63080-1358	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 1250 EAST SPRINGF			ANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1358	Region 6	II (ILLII (	Facility Number	26324
SCEETVIIV	110 03000 1330	Kegion 0		racincy runiber	20324
VICTORIAN PLACE OF UNION, AS	SISTED LIVING BY AMERICARE				
1320 W MAIN		Telephone	(636) 584-0085	Alzheimer's Unit	No
UNION	MO 63084-1084	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 1320 W MAIN	WG 03001 1001		ANKLIN	DMH Licensed	No
UNION	MO 63084-1084		MINICHI		
CINION	WO 03004-1004	Region 6		Facility Number	24408
VICTORIAN PLACE OF WASHING	ΓΟΝ, ASSISTED LIVING BY AMERIC	ARE			
2800 RABBIT TRAIL DR	,	Telephone	(636) 390-9500	Alzheimer's Unit	No
WASHINGTON	MO 63090-6737	Level of Care:	ALF**	Bed Capacity	48
Mailing Address 2800 RABBIT TRAIL			ANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6737	Region 6	HVICEHV	Facility Number	27659
WASHINGTON	WIO 03090-0737	Kegion 0		racinty Number	27039
VIENNA POINTE RESIDENTIAL CA	ARE				
112 PARKWAY DR		Telephone	(573) 422-3230	Alzheimer's Unit	No
VIENNA	MO 65582-8003	Level of Care:	RCF	Bed Capacity	48
Mailing Address 112 PARKWAY DR	1110 03302 0003		RIES	DMH Licensed	No
VIENNA	MO 65582-8003	•	KILS	Facility Number	23333
VIENINA	WO 03362-8003	Region 6		Facility Number	23333
VILLA AT BLUE RIDGE. THE					
VILLA AT BLUE RIDGE, THE		Telenhone	(573) 474-6111	Alzheimer's Unit	No
701 BLUE RIDGE ROAD	MO 65201-3734	Telephone	(573) 474-6111 SNF	Alzheimer's Unit	No 97
701 BLUE RIDGE ROAD COLUMBIA	MO 65201-3734	Level of Care:	SNF	<b>Bed Capacity</b>	97
701 BLUE RIDGE ROAD COLUMBIA Mailing Address 701 BLUE RIDGE RO	OAD	Level of Care: County BO	SNF ONE	Bed Capacity DMH Licensed	97 No
701 BLUE RIDGE ROAD COLUMBIA		Level of Care: County BO	SNF	<b>Bed Capacity</b>	97
701 BLUE RIDGE ROAD COLUMBIA Mailing Address 701 BLUE RIDGE RO COLUMBIA	OAD	Level of Care: County BO	SNF ONE	Bed Capacity DMH Licensed	97 No
701 BLUE RIDGE ROAD COLUMBIA Mailing Address 701 BLUE RIDGE RO COLUMBIA VILLAGE ASSISTED LIVING	OAD	Level of Care: County BO Region 6	SNF ONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	97 No 01706
701 BLUE RIDGE ROAD COLUMBIA Mailing Address 701 BLUE RIDGE RO COLUMBIA  VILLAGE ASSISTED LIVING 1704 NORTHWEST O'BRIEN RD	DAD MO 65201-3734	Level of Care: County BO Region 6 1	SNF ONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	97 No 01706 Yes
701 BLUE RIDGE ROAD COLUMBIA Mailing Address 701 BLUE RIDGE RO COLUMBIA  VILLAGE ASSISTED LIVING 1704 NORTHWEST O'BRIEN RD LEE'S SUMMIT	MO 64081-1559	Level of Care: County BOG Region 6 T Telephone Level of Care:	SNF ONE Medicare/Medicaid (816) 347-2700 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	97 No 01706 Yes 172
701 BLUE RIDGE ROAD COLUMBIA Mailing Address 701 BLUE RIDGE RO COLUMBIA  VILLAGE ASSISTED LIVING 1704 NORTHWEST O'BRIEN RD	MO 64081-1559	Level of Care: County BOG Region 6 T Telephone Level of Care:	SNF ONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	97 No 01706 Yes

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VILLAGE ASSISTED LIVING	E 1 1 (010) 047 0700		***
1701 NW O'BRIEN RD	<b>Telephone</b> (816) 347-2700	Alzheimer's Unit	Yes
LEE'S SUMMIT MO 64081-1559	Level of Care: ALF**	Bed Capacity	50
Mailing Address 1701 NW O'BRIEN RD	County JACKSON	DMH Licensed	No 20250
LEE'S SUMMIT MO 64081-1559	Region 3	Facility Number	29258
WALL OF ATT CARROLL BARY TWO			
VILLAGE AT CARROLL PARK, THE	The Late (016) 761 6020	A1 1	NI-
5301 HARRY TRUMAN DR GRANDVIEW MO 64030-1708	<b>Telephone</b> (816) 761-6838	Alzheimer's Unit	No
	Level of Care: ICF County JACKSON	Bed Capacity	93 N-
Mailing Address 5301 HARRY TRUMAN DR		DMH Licensed	No
GRANDVIEW MO 64030-1708	Region 3	Facility Number	03157
VILLAGE CARE CENTER, INC			
810 EAST EDWARDS ST	<b>Telephone</b> (660) 562-3515	Alzheimer's Unit	No
MARYVILLE MO 64468-2917	Level of Care: SNF	Bed Capacity	46
Mailing Address 810 EAST EDWARDS ST	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-2917	Region 4 Medicare/Medicaid	Facility Number	20361
	region interieure, interieure		20301
VILLAGE CARE CENTER, INC			
810 EAST EDWARDS ST	<b>Telephone</b> (660) 562-3515	Alzheimer's Unit	No
MARYVILLE MO 64468-2917	Level of Care: RCF*	Bed Capacity	18
Mailing Address 810 EAST EDWARDS ST	County NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-2917	Region 4	Facility Number	20361
NIV A GENERAL TWO			
VILLAGE WEST, THE	T. I		
318 EAST LITTLE BRICK ROAD	<b>Telephone</b> (816) 632-7611	Alzheimer's Unit	No
CAMERON MO 64429-1231	Level of Care: RCF*	Bed Capacity	27 N
Mailing Address 318 EAST LITTLE BRICK RD	County CLINTON	DMH Licensed	No
CAMERON MO 64429-1231	Region 4	Facility Number	18104
VILLAGE, THE			
320 EAST LITTLE BRICK RD	<b>Telephone</b> (816) 632-7611	Alzheimer's Unit	No
CAMERON MO 64429-1231	Level of Care: RCF*	Bed Capacity	49
Mailing Address 320 EAST LITTLE BRICK RD	County CLINTON	DMH Licensed	No
CAMERON MO 64429-1231	Region 4	Facility Number	08945
VILLAS OF JACKSON LLC THE			
670 BROADRIDGE DRIVE	<b>Telephone</b> (573) 986-8210	Alzheimer's Unit	Yes
JACKSON MO 63755-3044	Level of Care: ALF**	Bed Capacity	84
Mailing Address 670 BROADRIDGE DRIVE	County CAPE GIRARDEAU	DMH Licensed	No
JACKSON MO 63755-3044	Region 2	Facility Number	30623
VINTAGE GARDENS ASSISTED LIVING			
3302 NORTH WOODBINE ROAD	<b>Telephone</b> (816) 279-3330	Alzheimer's Unit	No
SAINT JOSEPH MO 64505-9323	Level of Care: ALF**	Bed Capacity	44
Mailing Address 3302 N WOODBINE ROAD	County BUCHANAN	DMH Licensed	No
SAINT JOSEPH MO 64505-9323	Region 4	Facility Number	22959

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VINTAGE GARDENS ASSISTED LIV	VING		
3302 NORTH WOODBINE ROAD		<b>Telephone</b> (816) 279-3330	Alzheimer's Unit Yes
SAINT JOSEPH	MO 64505-9323	Level of Care: ALF	<b>Bed Capacity</b> 51
Mailing Address 3302 NORTH WOOD	DBINE RD	County BUCHANAN	<b>DMH Licensed</b> No
SAINT JOSPEH	MO 64505-9323	Region 4	Facility Number 22959
VOYAGE HEALTHCARE OF MALI	DEN		
500 BARRETT DRIVE		<b>Telephone</b> (573) 276-3843	Alzheimer's Unit No
MALDEN	MO 63863-1204	Level of Care: RCF	<b>Bed Capacity</b> 96
Mailing Address 500 BARRETT DRIV	E	County DUNKLIN	DMH Licensed No
MALDEN	MO 63863-1204	Region 2	Facility Number 06656
			•
VCI CDDINCEIFI D ACCICTED I IVI	INC LLC		
VSL SPRINGFIELD ASSISTED LIVI 1401 WEST ELFINDALE STREET	mg, LLC	<b>Telephone</b> (417) 831-3828	Alzheimer's Unit No
	MO (5007 1005	• '	
SPRINGFIELD	MO 65807-1295	Level of Care: ALF	Bed Capacity 50
Mailing Address 1401 WEST ELFIND		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65807-1295	Region 1	Facility Number 32492
WAGNER RESIDENTIAL CARE, IN	C		
320 N CHAMBER DR		<b>Telephone</b> (573) 783-4511	Alzheimer's Unit No
FREDERICKTOWN	MO 63645-7947	Level of Care: RCF	Bed Capacity 40
Mailing Address 320 N CHAMBER DI	R	County MADISON	DMH Licensed Yes
FREDERICKTOWN	MO 63645-7947	Region 2	Facility Number 28451
WALNUT STREET ASSISTED LIVI	NG		
404 WALNUT ST		<b>Telephone</b> (573) 996-4283	Alzheimer's Unit No
DONIPHAN	MO 63935-1420	Level of Care: ALF	Bed Capacity 35
Mailing Address 404 WALNUT ST		County RIPLEY	DMH Licensed Yes
DONIPHAN	MO 63935-1420	Region 2	Facility Number 08354
WARRENSBURG MANOR CARE CI	ENTER		
400 CARE CENTER DR		<b>Telephone</b> (660) 747-2216	Alzheimer's Unit No
WARRENSBURG	MO 64093-3100	Level of Care: SNF	Bed Capacity 88
Mailing Address 400 CARE CENTER	DR	County JOHNSON	DMH Licensed No
WARRENSBURG	MO 64093-3100	Region 3 Medicare/Medicaid	Facility Number 08383
WARRENTON MANOR			
65 STATE HIGHWAY AA		<b>Telephone</b> (636) 456-8700	Alzheimer's Unit Yes
WRIGHT CITY	MO 63383-3301	Level of Care: SNF	Bed Capacity 120
Mailing Address 65 STATE HIGHWAY	Y AA	County WARREN	DMH Licensed No
WRIGHT CITY	MO 63390-3301	Region 6 Medicare/Medicaid	Facility Number 02505
	5 00070 0001	20051011 O MICUICAI C/MICUICAIU	2 102110 12000
WARSAW HEALTH AND REHABIL	ITATION CENTER		
1609 SUNCHASE DR		<b>Telephone</b> (660) 438-2970	Alzheimer's Unit Yes
WARSAW	MO 65355-3059	Level of Care: SNF	Bed Capacity 90
Mailing Address 1609 SUNCHASE DR		County BENTON	DMH Licensed No
WARSAW	MO 65355-3059	·	
WAINDAW	WIO 03333-3037	Region 6 Medicare/Medicaid	Facility Number 15243

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WATERFORD LADIES HOME			
500 NW VESPER ST		<b>Telephone</b> (816) 228-6337	Alzheimer's Unit No
	MO 64014-2744	Level of Care: RCF	Bed Capacity 27
Mailing Address 500 NW VESPER ST		County JACKSON	<b>DMH Licensed</b> No
BLUE SPRINGS N	MO 64014-2744	Region 3	Facility Number 13774
WATTS STREET MANOR			
301 WATTS ST		<b>Telephone</b> (573) 431-4874	Alzheimer's Unit No
PARK HILLS N	MO 63601-1839	Level of Care: RCF*	<b>Bed Capacity</b> 16
Mailing Address PO BOX 481		County SAINT FRANCOIS	DMH Licensed Yes
•	MO 63601-0481	Region 2	Facility Number 06579
		109.01	
WEBB CITY HEALTH AND REHABIL	ITATION CENTER		
2077 STADIUM DR		<b>Telephone</b> (417) 673-1933	Alzheimer's Unit Yes
	MO 64870-9743	Level of Care: SNF	Bed Capacity 120
Mailing Address 2077 STADIUM DR		County JASPER	<b>DMH Licensed</b> No
WEBB CITY	MO 64870-9743	Region 1 Medicare/Medicaid	Facility Number 12286
WEBCO MANOR			
1687 W WASHINGTON ST		<b>Telephone</b> (417) 859-5144	Alzheimer's Unit No
MARSHFIELD N	MO 65706-2325	Level of Care: SNF	<b>Bed Capacity</b> 90
Mailing Address 1687 W WASHINGTON	ST	County WEBSTER	DMH Licensed No
_	MO 65706-2325	Region 1 Medicare/Medicaid	Facility Number 08405
		g	
WEBWOOD ASSISTED LIVING, LLC			
1640 WALDO HATLER DRIVE		<b>Telephone</b> (417) 451-2997	Alzheimer's Unit NO
	MO 64850-8059	Level of Care: ALF	<b>Bed Capacity</b> 31
Mailing Address 1640 WALDO HATLER	DRIVE	County NEWTON	<b>DMH Licensed</b> No
NEOSHO N	MO 64850-8059	Region 1	Facility Number 31265
WEDGEWOOD GARDENS			
17996 BUSINESS 13		<b>Telephone</b> (417) 272-6666	Alzheimer's Unit Yes
REEDS SPRING M	MO 65737-9663	Level of Care: ALF**	<b>Bed Capacity</b> 46
Mailing Address 17996 BUSINESS 13		County STONE	DMH Licensed No
	MO 65737-9663	Region 1	Facility Number 20615
			·
WELLINGTON SENIOR LIVING, THE			
1051 KENT STREET		<b>Telephone</b> (816) 222-0379	Alzheimer's Unit Yes
LIBERTY	MO 64068-2257	Level of Care: ALF**	Bed Capacity 72
Mailing Address 1051 KENT STREET		County CLAY	<b>DMH Licensed</b> No
LIBERTY	MO 64068-2257	Region 4	Facility Number 33016
WELLSVILLE HEALTH CARE CENTI	ER		
250 E LOCUST		<b>Telephone</b> (573) 684-2002	Alzheimer's Unit No
	MO 63384-1422	Level of Care: SNF	Bed Capacity 112
Mailing Address 250 E LOCUST		County MONTGOMERY	DMH Licensed No
	MO 63384-1422	Region 6 Medicare/Medicaid	Facility Number 02740
			02/40

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WEST PINE GROUP HOME				
4232 WEST PINE BLVD		<b>Telephone</b> (314) 531-9450	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2840	Level of Care: RCF	Bed Capacity	9
Mailing Address 4232 WEST PINE B		County SAINT LOUIS CITY	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2840	Region 7	Facility Number	05948
WEST VUE NURSING AND REHA	BILITATION CENTER	T. 1. 1. (417) 256 2152		37
210 DAVIS DR	MO 65775 2241	<b>Telephone</b> (417) 256-2152	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2241	Level of Care: SNF	Bed Capacity	130
Mailing Address 210 DAVIS DR	MO (5775 2241	County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2241	Region 2 Medicare/Medicaid	Facility Number	21733
WESTBROOK CARE CENTER, IN	C			
401 S PLATTE CLAY WAY	~	<b>Telephone</b> (816) 628-2222	Alzheimer's Unit	No
KEARNEY	MO 64060-7714	Level of Care: RCF*	Bed Capacity	27
Mailing Address 401 S PLATTE CLA		County CLAY	DMH Licensed	No
KEARNEY	MO 64060-7714	Region 4	Facility Number	19757
		Region	1 deliloy 1 (dilibor	19737
WESTBROOK TERRACE - ASSIST	TED LIVING BY AMERICARE			
3335 NORTH TEN MILE DR		<b>Telephone</b> (573) 635-2600	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-0528	Level of Care: ALF**	<b>Bed Capacity</b>	36
Mailing Address 3335 NORTH TEN	MILE DR	County COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0528	Region 6	<b>Facility Number</b>	20440
WESTBURY SENIOR LIVING THE	$\Xi$			
WESTBURY SENIOR LIVING THE 550 STONE VALLEY PARKWAY	$\mathbf{E}$	<b>Telephone</b> (573) 818-7030	Alzheimer's Unit	Yes
	MO 65203-5567	Telephone (573) 818-7030 Level of Care: ALF**		Yes 75
550 STONE VALLEY PARKWAY	MO 65203-5567	• '	Alzheimer's Unit Bed Capacity DMH Licensed	
550 STONE VALLEY PARKWAY COLUMBIA	MO 65203-5567	Level of Care: ALF**	<b>Bed Capacity</b>	75
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE	MO 65203-5567 SY PARKWAY	Level of Care: ALF** County BOONE	Bed Capacity DMH Licensed	75 No
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE	MO 65203-5567 SY PARKWAY	Level of Care: ALF** County BOONE	Bed Capacity DMH Licensed	75 No
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA	MO 65203-5567 SY PARKWAY	Level of Care: ALF** County BOONE	Bed Capacity DMH Licensed	75 No
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD	MO 65203-5567 SY PARKWAY	Level of Care: ALF** County BOONE Region 6	Bed Capacity DMH Licensed Facility Number	75 No 32666
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA WESTCHESTER HOUSE, THE 550 WHITE RD	MO 65203-5567 EY PARKWAY MO 65203-5567	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	75 No 32666 No
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD	MO 65203-5567 EY PARKWAY MO 65203-5567	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	75 No 32666 No 159
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD Mailing Address 550 WHITE RD CHESTERFIELD	MO 65203-5567 EY PARKWAY MO 65203-5567 MO 63017-2316	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	75 No 32666 No 159 No
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE	MO 65203-5567 EY PARKWAY MO 65203-5567 MO 63017-2316	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	75 No 32666 No 159 No 08474
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE 3130 JOHN DUFFY DR	MO 65203-5567 EY PARKWAY MO 65203-5567  MO 63017-2316  MO 63017-2316	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (417) 553-3688	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	75 No 32666 No 159 No 08474
550 STONE VALLEY PARKWAY COLUMBIA  Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE 3130 JOHN DUFFY DR JOPLIN	MO 65203-5567 EY PARKWAY MO 65203-5567  MO 63017-2316  MO 63017-2316  MO 64804-1569	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (417) 553-3688 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	75 No 32666 No 159 No 08474
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE 3130 JOHN DUFFY DR JOPLIN Mailing Address 3130 JOHN DUFFY	MO 65203-5567 EY PARKWAY MO 65203-5567  MO 63017-2316  MO 63017-2316  MO 64804-1569 EDR	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (417) 553-3688 Level of Care: SNF County JASPER	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	75 No 32666 No 159 No 08474 Yes 120 No
550 STONE VALLEY PARKWAY COLUMBIA  Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE 3130 JOHN DUFFY DR JOPLIN	MO 65203-5567 EY PARKWAY MO 65203-5567  MO 63017-2316  MO 63017-2316  MO 64804-1569	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (417) 553-3688 Level of Care: SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	75 No 32666 No 159 No 08474
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE 3130 JOHN DUFFY DR JOPLIN Mailing Address 3130 JOHN DUFFY	MO 65203-5567 EY PARKWAY MO 65203-5567  MO 63017-2316  MO 63017-2316  MO 64804-1569 EDR MO 64804-1569	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (417) 553-3688 Level of Care: SNF County JASPER	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	75 No 32666 No 159 No 08474 Yes 120 No
COLUMBIA  Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD  Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE 3130 JOHN DUFFY DR JOPLIN  Mailing Address 3130 JOHN DUFFY JOPLIN	MO 65203-5567 EY PARKWAY MO 65203-5567  MO 63017-2316  MO 63017-2316  MO 64804-1569 EDR MO 64804-1569	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (417) 553-3688 Level of Care: SNF County JASPER	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	75 No 32666 No 159 No 08474 Yes 120 No
550 STONE VALLEY PARKWAY COLUMBIA Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE 3130 JOHN DUFFY DR JOPLIN Mailing Address 3130 JOHN DUFFY JOPLIN  WESTPORT ESTATES - ASSISTER	MO 65203-5567 EY PARKWAY MO 65203-5567  MO 63017-2316  MO 63017-2316  MO 64804-1569 EDR MO 64804-1569	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (417) 553-3688 Level of Care: SNF County JASPER Region 1 Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	75 No 32666 No 159 No 08474 Yes 120 No 31754
COLUMBIA  Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD  Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE 3130 JOHN DUFFY DR JOPLIN  Mailing Address 3130 JOHN DUFFY JOPLIN  WESTPORT ESTATES - ASSISTER 904 APACHE DR	MO 65203-5567 EY PARKWAY MO 65203-5567  MO 63017-2316  MO 63017-2316  MO 64804-1569 EDR MO 64804-1569  D LIVING BY AMERICARE	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (417) 553-3688 Level of Care: SNF County JASPER Region 1 Medicare/Medicaid  Telephone (660) 886-5500	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	75 No 32666 No 159 No 08474 Yes 120 No 31754
COLUMBIA  Mailing Address 550 STONE VALLE COLUMBIA  WESTCHESTER HOUSE, THE 550 WHITE RD CHESTERFIELD  Mailing Address 550 WHITE RD CHESTERFIELD  WESTGATE 3130 JOHN DUFFY DR JOPLIN  Mailing Address 3130 JOHN DUFFY JOPLIN  WESTPORT ESTATES - ASSISTER 904 APACHE DR MARSHALL	MO 65203-5567 EY PARKWAY MO 65203-5567  MO 63017-2316  MO 63017-2316  MO 64804-1569 EDR MO 64804-1569  D LIVING BY AMERICARE	Level of Care: ALF** County BOONE Region 6  Telephone (314) 469-1200 Level of Care: SNF County SAINT LOUIS COUNTY Region 7 Medicare/Medicaid  Telephone (417) 553-3688 Level of Care: SNF County JASPER Region 1 Medicare/Medicaid  Telephone (660) 886-5500 Level of Care: ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	75 No 32666 No 159 No 08474 Yes 120 No 31754

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WESTVIEW AT ELLISVILLE ASSI	STED LIVING		
27 REINKE RD		<b>Telephone</b> (636) 527-5554	Alzheimer's Unit Yes
ELLISVILLE	MO 63021-4734	Level of Care: ALF**	<b>Bed Capacity</b> 99
Mailing Address 27 REINKE RD		County SAINT LOUIS COUNTY	<b>DMH Licensed</b> No
ELLISVILLE	MO 63021-4734	Region 7	Facility Number 28184
WEGDVIEW NUDGING HOME			
WESTVIEW NURSING HOME		E 1 1 (572) 267 2020	Alzheimer's Unit No
301 WEST DUNLOP ST	MO (242) 2207	Telephone (573) 267-3920 Level of Care: SNF	
CENTER  201 WEST DUNI OF	MO 63436-2267		Bed Capacity 60
Mailing Address 301 WEST DUNLOP		County RALLS	DMH Licensed No
CENTER	MO 63436-2267	Region 5 Medicare/Medicaid	Facility Number 15634
WESTWOOD HILLS HEALTH & R	EHABILITATION CENTER		
3100 WARRIOR LANE		<b>Telephone</b> (573) 785-0851	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-8686	Level of Care: SNF	<b>Bed Capacity</b> 132
Mailing Address 3100 WARRIOR LA	NE	County BUTLER	DMH Licensed No
POPLAR BLUFF	MO 63901-8686	Region 2 Medicare/Medicaid	Facility Number 08512
WEXFORD PLACE ASSISTED LIVE	ING AND MEMORY SUPPORT BY SE	NIOR STAR	
6460 NORTH COSBY AVE		<b>Telephone</b> (816) 743-4259	Alzheimer's Unit Yes
KANSAS CITY	MO 64151-2377	Level of Care: ALF**	<b>Bed Capacity</b> 98
Mailing Address 6460 NORTH COSB	Y AVE	County PLATTE	<b>DMH Licensed</b> No
KANSAS CITY	MO 64151-2377	Region 4	Facility Number 28861
WHISPERING OAKS RCF II, LLC			
203 NORTH B ST		<b>Telephone</b> (573) 686-4490	Alzheimer's Unit No
POPLAR BLUFF	MO 63901-5413	Level of Care: RCF*	Bed Capacity 45
Mailing Address 203 NORTH B ST	1120 00501 0 110	County BUTLER	DMH Licensed Yes
POPLAR BLUFF	MO 63901-5413	Region 2	Facility Number 16751
			•
WHISPERING PINES SENIOR LIVE	ING		
4904 EAST WELLRIDGE LN		<b>Telephone</b> (417) 781-0099	Alzheimer's Unit No
JOPLIN	MO 64801-8793	<b>Level of Care:</b> RCF*	<b>Bed Capacity</b> 20
Mailing Address 4904 EAST WELLRI	DGE LN	County JASPER	<b>DMH Licensed</b> No
JOPLIN	MO 64801-8793	Region 1	Facility Number 09477
WHITE OAK ASSISTED LIVING			
1515 WEST WHITE OAK		<b>Telephone</b> (816) 254-3500	Alzheimer's Unit No
INDEPENDENCE	MO 64050-2557	Level of Care: ALF**	Bed Capacity 78
Mailing Address 1515 WEST WHITE		County JACKSON	DMH Licensed No
INDEPENDENCE	MO 64050-2557	Region 3	Facility Number 06604
		, <del>,,,,,,</del>	
WILDWOOD SENIOR LIVING THE	Σ		
3002 SOUTH JOHN DUFFY DRIVE		<b>Telephone</b> (417) 623-2233	Alzheimer's Unit Yes
JOPLIN	MO 64804-1656	Level of Care: ALF**	<b>Bed Capacity</b> 74
Mailing Address 3002 SOUTH JOHN	DUFFY DRIVE	County JASPER	<b>DMH Licensed</b> No
JOPLIN	MO 64804-1656	Region 1	Facility Number 31370

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WILLARD CARE CENTER		W. L. L. (417) 742 2502	A11.1
400 WEST WALNUT LN WILLARD	MO 65781-9432	Telephone (417) 742-3593 Level of Care: SNF	Alzheimer's Unit Yes Bed Capacity 66
Mailing Address 400 W WALNUT LI		County GREENE	Bed Capacity 66  DMH Licensed No
WILLARD	MO 65781-9432	Region 1 Medicare/Medicaid	Facility Number 16393
WILLARD	WIO 03781-9432	Region 1 Medicare/Medicaid	Facility Number 10393
WILLOW BROOKE - ASSISTED L	IVING RV AMERICARE		
#1 NORTH POTOMAC CT		<b>Telephone</b> (636) 583-2799	Alzheimer's Unit No
UNION	MO 63084-1113	Level of Care: ALF**	Bed Capacity 50
Mailing Address 1 NORTH POTOM		County FRANKLIN	DMH Licensed No
UNION	MO 63084-1113	Region 6	Facility Number 13596
WILLOW CARE NURSING HOME			
WILLOW CARE NURSING HOME 2646 STATE ROUTE 76	•	<b>Telephone</b> (417) 469-3152	Alzheimer's Unit Yes
WILLOW SPRINGS	MO 65793-8254	Level of Care: SNF	Bed Capacity 105
Mailing Address PO BOX 309	WO 03793-0234	County HOWELL	DMH Licensed No
WILLOW SPRINGS	MO 65793-0309	Region 2 Medicare/Medicaid	Facility Number 08614
WILLOW STRENGS	1410 03773 0307	Region 2 Medical Civiencalu	racinty runner 08014
WILLOW WEST APARTMENTS			
2644 STATE ROUTE 76		<b>Telephone</b> (417) 469-3152	Alzheimer's Unit No
WILLOW SPRINGS	MO 65793-8254	Level of Care: ALF	<b>Bed Capacity</b> 36
Mailing Address PO BOX 309		County HOWELL	DMH Licensed No
WILLOW SPRINGS	MO 65793-0309	Region 2	Facility Number 08614
WILLOWCREEK WELLNESS & R	EHABILITATION		
250 NEW FLORISSANT RD SOUTH		<b>Telephone</b> (314) 838-2211	Alzheimer's Unit No
FLORISSANT	MO 63031-6716	Level of Care: SNF	Bed Capacity 158
Mailing Address 250 NEW FLORISS		County SAINT LOUIS COUNTY	DMH Licensed No
FLORISSANT	MO 63031-6716	Region 7 Medicare/Medicaid	Facility Number 05782
WILSHIRE AT LAKEWOOD REH	AB CENTER		
600 NE MEADOWVIEW DR		<b>Telephone</b> (816) 554-9866	Alzheimer's Unit No
LEE'S SUMMIT	MO 64064-1983	Level of Care: SNF	<b>Bed Capacity</b> 170
Mailing Address 600 NE MEADOW	VIEW DR	County JACKSON	DMH Licensed No
LEE'S SUMMIT	MO 64064-1983	Region 3 Medicare/Medicaid	Facility Number 22471
govig and			
WILSON'S CREEK NURSING & R	ЕНАВ	m	
3403 WEST MT VERNON	NO. (5000 5041	<b>Telephone</b> (417) 864-5600	Alzheimer's Unit Yes
SPRINGFIELD	MO 65802-5241	Level of Care: SNF	Bed Capacity 172
Mailing Address 3403 WEST MT VE		County GREENE	DMH Licensed No
SPRINGFIELD	MO 65802-5241	Region 1 Medicare/Medicaid	Facility Number 05579
WINCHESTER NURSING CENTER	R, INC		
400 WINCHESTER DRIVE		<b>Telephone</b> (573) 293-6702	Alzheimer's Unit No
BERNIE	MO 63822-7500	Level of Care: SNF	Bed Capacity 60
Mailing Address PO BOX 760		County STODDARD	DMH Licensed No
BERNIE	MO 63822-0760	Region 2 Medicare/Medicaid	Facility Number 31391

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WINCHESTER PLACE ASSISTED	LIVING, LLC			
404 WINCHESTER ROAD		<b>Telephone</b> (573) 293-6705	Alzheimer's Unit	NO
BERNIE	MO 63822-7500	Level of Care: ALF**	<b>Bed Capacity</b>	38
Mailing Address 404 WINCHESTER	ROAD	County STODDARD	DMH Licensed	No
BERNIE	MO 63822-7500	Region 2	<b>Facility Number</b>	31391
WINDEMERE HEALTHCARE CEN	TER LLC			
3100 NORTH WEST VIVION RD	VIER EEC	<b>Telephone</b> (816) 741-0753	Alzheimer's Unit	NO
RIVERSIDE	MO 64150-9436	Level of Care: RCF	Bed Capacity	65
Mailing Address 3100 NORTH WES		County PLATTE	DMH Licensed	No
RIVERSIDE	MO 64150-9436	Region 4	Facility Number	08668
RIVERSIDE	MO 04130 7430	Region 4	racinty Number	08008
WINDSOR ESTATES OF ST CHAR	LES			
2150 WEST RANDOLPH ST		<b>Telephone</b> (636) 946-4966	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-0894	Level of Care: SNF	Bed Capacity	66
Mailing Address 2150 WEST RANDO		County SAINT CHARLES	DMH Licensed	No
SAINT CHARLES	MO 63301-0894	Region 5 Medicare/Medicaid	Facility Number	06316
WINDSOR HEALTHCARE & REH.	AB CENTER			
809 WEST BENTON		<b>Telephone</b> (660) 647-3102	Alzheimer's Unit	No
WINDSOR	MO 65360-1239	Level of Care: SNF	Bed Capacity	60
Mailing Address PO BOX 5		County HENRY	DMH Licensed	No
WINDSOR	MO 65360-0005	Region 1 Medicare/Medicaid	Facility Number	21715
WINFIELD RESIDENTIAL CARE				
220 WEST WALNUT ST		<b>Telephone</b> (636) 668-8110	Alzheimer's Unit	No
WINFIELD	MO 63389-1122	Level of Care: RCF	Bed Capacity	20
Mailing Address 220 WEST WALNU		County LINCOLN	DMH Licensed	Yes
WINFIELD	MO 63389-1122	Region 5	Facility Number	08729
WOOD OAKS, INC				
1804 SOUTH STERLING AVE	1.0	<b>Telephone</b> (816) 254-5400	Alzheimer's Unit	No
INDEPENDENCE	MO 64052-3845	Level of Care: RCF*	Bed Capacity	30
Mailing Address PO BOX 520049		County JACKSON	DMH Licensed	Yes
INDEPENDENCE				
	MO 64052-0049	Region 3	Facility Number	02389
	MO 64052-0049	Region 3	Facility Number	02389
WOODLAND MANOR			·	
WOODLAND MANOR 1347 EAST VALLEY WATERMILL R		<b>Region</b> 3 <b>Telephone</b> (417) 833-1220	Alzheimer's Unit	02389 No
1347 EAST VALLEY WATERMILL R SPRINGFIELD	D MO 65803-3739	Telephone (417) 833-1220 Level of Care: SNF	Alzheimer's Unit Bed Capacity	No 94
1347 EAST VALLEY WATERMILL R SPRINGFIELD Mailing Address 1347 EAST VALLE	D MO 65803-3739 Y WATERMILL RD	Telephone (417) 833-1220 Level of Care: SNF County GREENE	Alzheimer's Unit Bed Capacity DMH Licensed	No 94 No
1347 EAST VALLEY WATERMILL R SPRINGFIELD	D MO 65803-3739	Telephone (417) 833-1220 Level of Care: SNF	Alzheimer's Unit Bed Capacity	No 94
1347 EAST VALLEY WATERMILL R SPRINGFIELD Mailing Address 1347 EAST VALLE SPRINGFIELD	MO 65803-3739 Y WATERMILL RD MO 65803-3739	Telephone (417) 833-1220 Level of Care: SNF County GREENE	Alzheimer's Unit Bed Capacity DMH Licensed	No 94 No
1347 EAST VALLEY WATERMILL R SPRINGFIELD Mailing Address 1347 EAST VALLE SPRINGFIELD WOODLAND MANOR NURSING C	MO 65803-3739 Y WATERMILL RD MO 65803-3739	Telephone (417) 833-1220 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 94 No 05794
1347 EAST VALLEY WATERMILL R SPRINGFIELD Mailing Address 1347 EAST VALLES SPRINGFIELD WOODLAND MANOR NURSING C 100 WOODLAND COURT	MO 65803-3739 Y WATERMILL RD MO 65803-3739 CENTER	Telephone (417) 833-1220 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid  Telephone (636) 296-1400	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 94 No 05794
1347 EAST VALLEY WATERMILL R SPRINGFIELD  Mailing Address 1347 EAST VALLES SPRINGFIELD  WOODLAND MANOR NURSING OF 100 WOODLAND COURT ARNOLD	MO 65803-3739 Y WATERMILL RD MO 65803-3739  CENTER  MO 63010-2030	Telephone (417) 833-1220 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid  Telephone (636) 296-1400 Level of Care: SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 94 No 05794 No
1347 EAST VALLEY WATERMILL R SPRINGFIELD Mailing Address 1347 EAST VALLES SPRINGFIELD WOODLAND MANOR NURSING C 100 WOODLAND COURT	MO 65803-3739 Y WATERMILL RD MO 65803-3739  CENTER  MO 63010-2030	Telephone (417) 833-1220 Level of Care: SNF County GREENE Region 1 Medicare/Medicaid  Telephone (636) 296-1400	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 94 No 05794

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<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

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## WORTH COUNTY CONVALESCENT CENTER

503 E 4TH ST		<b>Telephone</b> (660) 564-3304	Alzheimer's Unit	No
GRANT CITY	MO 64456-8363	Level of Care: SNF	<b>Bed Capacity</b>	50
Mailing Address 503 E 4TH ST		County WORTH	DMH Licensed	No
GRANT CITY	MO 64456-8363	Region 4 Medicare/Medicaid	<b>Facility Number</b>	08779

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